**TENNIS YOUTH PROGRAM APPLICATION**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOGRAPHY RIGHT & PERMISSION**: *I understand that during the course of the TENNIS YOUTH PROGRAM, my child’s photo and/or video likeness may be taken, and I hereby give my consent to use such photo or video in conjunction with promotional use or media coverage.*

DISCLAIMER: *I understand that the TENNIS YOUTH PROGRAM planning committee reserves the right to change, cancel, or modify the Tennis Youth Program’s schedule at any time. The TENNIS YOUTH PROGRAM planning committee reserves the right to withdraw any student whose conduct is deemed disruptive and/or harmful to peers, speakers, hosts, or volunteers. Neither the TENNIS YOUTH PROGRAM planning committee nor The DOT Organization, Inc. will be held liable for personal injury, or damage to or loss of personal property*.

**IN CASE OF MEDICAL EMERGENCY**: *In case of medical emergency, I understand that every effort will be made to contact the parent or guardian listed above. In the event that I cannot be reached, I hereby authorize and consent to any medical treatment deemed advisable by any licensed medical personnel of any licensed hospital, and is to be rendered under the general or special supervision of any licensed medical personnel of any licensed hospital.*

**Consent by parent/guardian signature:**

I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read, consented to, and understand all of the policies, waivers, & disclaimers stated. I give my permission for the *minor stated above* to engage in **all** the Tennis Youth program activities.

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Parent/Guardian Signature Date