

View Ridge Tennis Team Participation Form

Membership #: _____ Phone: _____

Name: _____

Emergency Phone: _____

Emergency Information and Medical Release

I hereby consent to participation by my child/children listed below on our club team in the Evergreen Tennis Team League.

First Name	Last Name	Birthdate

I understand this activity involves an element of risk of bodily injury, including, but not limited to, activities occurring in on a tennis court, around the facility, and/or while performing a tennis activities. We will assume all risks associated with and incidental to participating on a tennis team.

My child/children have no special medical conditions, except those described below, and is fit to participate on a tennis team.

Special medical conditions:

I understand that events may take place away from our club. I understand that the coaches are not responsible for transportation to tennis matches or related tennis team activities.

Signature

Date