



2009 KANSAS CITY JUNIOR TENNIS LEAGUE REGISTRATION/WAIVER FORM

(It is MANDATORY that this form be on file with KCJTL before playing.)

Participant Name _____ Club/Facility _____

Circle One: Boy Girl **Circle One:** 11 & Under 13 & Under High School Division

Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Age _____

Parent/Guardian Name _____

Parent Daytime Phone _____ Parent Cell Phone _____

Parent Email Address (required) _____

CONSENT TO PARTICIPATE AND RELEASE OF KCJTL:

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a member of the Kansas City Junior Tennis League (KCJTL). I understand that there are certain risks inherent in playing the sport of tennis, including death and permanent disability, and I assume these risks on behalf of and for my child. I understand tennis matches will be played outdoors unless outdoor courts are not available.

In addition to giving my consent for my child's participation, I do hereby for and on behalf of myself, my child and my heirs and my legal representatives, release, forever discharge and hold harmless (including attorneys' fees) the KCJTL, its officers and representatives, participating clubs and organizations, tennis pros and other parent volunteers, of and from any and all claims, demands, damages, losses or injuries, including claims or injuries arising from negligence, which may be suffered or sustained by me or my child in connection with my child's activities as a participant in the KCJTL during the period for which such permission is granted and any period traveling to and from the events and all claims, including negligence, are hereby waived and released.

MEDICAL RELEASE:

I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness of my child seems reasonably advisable. I further understand that I will be responsible for payment for any such aid or medical procedures provided for my child. I agree that neither the KCJTL nor its officers, participating clubs or organizations or those associated with KCJTL will be held accountable for medical, hospital or ambulance charges incurred.

Signature of Parent/Guardian _____ Date _____

Emergency name(s) and telephone number(s) if parent(s) or guardian are not available:

Name: _____ Daytime Phone _____ Cell Phone _____

**THIS REGISTRATION FORM SHOULD BE RETURNED TO YOUR CLUB/FACILITY
BY MAY 15, 2009.
COPY OF RELEASE WILL REMAIN ON FILE WITH KCJTL CLUB/FACILITY.**