



AMITY AC/DBHS TENNIS REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Parent Cell () _____

Player Cell () _____ Email _____

DOB _____

Health Insurance Information:

Policy # _____ Carrier: _____

Parental Hold Harmless Release

Name of Child for Whom Release is Given: _____

Party Released: Amity AC/DBHS Tennis, its agents and employees including board of managers, directors and officers, administration, faculty and staff.

Release: I release and give up all claims, including claims of negligence; I now have or may have in the future against the party released arising out of _____'s participation in Amity AC/DBHS Tennis.

I also understand that the activity set forth above is undertaken by him/her on a completely volunteer basis. I make this decision by choice and his participation in this activity is undertaken knowing that certain risks that may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. I voluntarily assume the risk of these dangers by allowing him to participate in the activity. I understand that Amity AC does not assume any risk or liability due to his participation in this activity. I understand this release applies to all claims for property loss, injury or illness, or death or any other damages suffered by him, now or in the future, whether suffered in transport to the activity or during the activity itself. I hereby give my permission for the administration of medical treatment to my child _____ in the event of any accident, injury, or illness until such time as I can be contacted personally. I hereby assume the responsibility for any and all financial obligations which might arise from the treatment and/or transportation to a medical facility. In the event I cannot be reached, the following has my permission to give additional approval for treatment.

Name: _____ Phone No. _____

Address: _____ Relationship to Player _____

Binding: This release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

Signing: Before signing my name to this Release, I state that:

- 1) I have read it,
- 2) I understand it and know that I am giving up important rights,
- 3) I sign it freely as my own act and deed, and
- 4) I intend to be legally bound to it,
- 5) I certify that my child has been examined by a certified physician and is physically fit to enroll in the activity mentioned above.

Signature of Parent, Legal Guardian _____

Date: _____