



&



# Registration Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ **Grade** \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student's school: \_\_\_\_\_

Family E-Mail: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s) or Guardian's Name  
Print \_\_\_\_\_

Parent (s) or Guardian's Name  
Signature \_\_\_\_\_

Participant hereby agrees to indemnify and hold harmless Sportsmen's Tennis Club, its staff, directors, volunteers, members and representatives from any and all harm arising from participation in any and all IPREP activities, including, but not limited to classroom instructions, tennis, field trips, travel to and from STC and field trip locations. Your signature indicates that this student is in good health and able to participate in IPREP activities. \_\_\_\_\_ (initial)  
STC has my permission to use photos/ videos of my child in Sportsmen's Tennis Club Promotions. \_\_\_\_\_ (initial)

For more information contact: (617) 288-9092 or Email:  
[n.houston@sportsmenstennisclub.org](mailto:n.houston@sportsmenstennisclub.org)

**950 BLUE HILL AVENUE . DORCHESTER . MA . 02124**