



**STAMFORD YOUTH TENNIS ACADEMY, INC.  
2019 PARTICIPANT REGISTRATION**

**PARTICIPANT INFORMATION**

Participant Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_ Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Participant lives with \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Mother \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Father \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**FIRST EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**SECOND EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Other People Authorized to Pick-Up Participant (in addition to Emergency Contacts listed above):**

\_\_\_\_\_

**MEDICAL INFORMATION**

\_\_\_\_\_  
Name of Doctor

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name of Dentist

\_\_\_\_\_  
Office Phone Number

Please list any of the following: medical conditions, current medications, medication allergies, food allergies, or chronic health concerns, physical challenges, behavioral considerations, or any other considerations that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHOTOGRAPHY RELEASE-** check one box

I CONSENT to Stamford Youth Tennis Academy, Inc. (SYTA) photographing or videotaping me or my participating children, and I permit SYTA to use my likeness and/or that of my participating children in photographs or videos for promotional purposes, including without limitation on SYTA's website, and social media sites such as Facebook and Instagram, without compensation to my children or me.

I DO NOT GIVE permission for my child to be photographed at any time for any use.

**SAFETY POLICY**

Our primary concern is the Participants' safety. We will teach and expect all Participants to follow all safety rules. If a Participant does not follow safety rules for any reason, they will be asked to sit out. If this is a recurring situation and the Participant is not adhering to safety protocol, we reserve the right to remove the Participant from the session and bar the Participant from future participation.

**Participant Name (print)** \_\_\_\_\_

**Participant Signature (if over 18 years of age)** \_\_\_\_\_ **Date** \_\_\_\_\_

\* If Participant is under 18 years of age, parent or legal guardian must sign on behalf of Participant

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**STAMFORD YOUTH TENNIS ACADEMY, INC.  
MEDICAL AUTHORIZATION**

The undersigned, as Participant (or if Participant is a minor, Participant's parent or guardian), hereby:

- (1) Certify that Participant is (i) in proper physical condition to participate in Stamford Youth Tennis Academy, Inc. programs, (ii) up to date in all state immunization requirements, and (iii) has been examined by a licensed physician and found to be in proper physical condition to participate in Stamford Youth Tennis Academy, Inc. programs.
  
- (2) Consent to (i) Stamford Youth Tennis Academy, Inc.'s rendering first aid to Participant in case of illness or injury, including if necessary transporting Participant by an emergency vehicle to the emergency room, and (ii) any emergency examination and medical treatment as approved by Stamford Youth Tennis Academy, Inc. in case of illness or injury where parent or guardian cannot be reached in time to authorize the treating physician to provide such medical treatment. I understand that this is to prevent undue delay and to assure prompt treatment.
  
- (3) Acknowledge that Participant has adequate health insurance, and that the undersigned is responsible for any medical expenses (including any cost of transportation by emergency vehicle), and that under no circumstances shall Stamford Youth Tennis Academy, Inc. be responsible for payment of medical expenses, regardless of the availability of health insurance or coverage.

**Participant Name (print)** \_\_\_\_\_

**Participant Signature (if over 18 years of age)** \_\_\_\_\_ **Date** \_\_\_\_\_

\* If Participant is under 18 years of age, parent or legal guardian must sign on behalf of Participant

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## **STAMFORD YOUTH TENNIS ACADEMY, INC. CONSENT, RELEASE, WAIVER AND INDEMNIFICATION**

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ ITS CONTENTS AND UNDERSTAND THEM. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

**Covenant Not to Sue; Release and Waiver:** In consideration of Stamford Youth Tennis Academy, Inc.'s ("SYTA") accepting the enrollment or application of the below named participant ("Participant") and providing services to Participant, Participant (or if Participant is a minor, Participant's parent or guardian) covenants, promises, and agrees not to sue or bring any claim, demand or other action against SYTA and its affiliates, or any of their members, directors, officers, employees, attorneys, volunteers, sponsors, committees, representatives, independent contractors or agents (together with SYTA, collectively, the "SYTA Parties" or individually a "SYTA Party"), and discharges, releases, and waives each of them from all liability, in connection with all allegations, demands, or other claims for any (1) personal injury or illness (including death) and/or (2) damage to, or loss or theft of property (including, without limitation, personal items, car, and money), and/or (3) any other losses or damages (whether monetary or otherwise) that may be alleged or claimed against any SYTA Party arising, directly or indirectly, or to any extent whatsoever, from Participant's (A) presence or participation in SYTA's programs, wherever located (or travel to and from thereto); (B) receipt of medical care or treatment for any physical or mental condition from any SYTA Party or at a SYTA Party's direction or authorization; (C) use of SYTA's services, premises, and equipment by whomever provided; and (D) involvement in accidents; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature; provided, however, that notwithstanding the foregoing, said covenant not to sue, and release and waiver, shall not apply in the event of SYTA's gross negligence, willful misconduct or criminal behavior. Participant, and if applicable, Participant's parent or guardian, acknowledges and agrees that the provisions hereof shall be binding upon Participant's heirs, family, next of kin, personal representative, successors and assigns. In the event Participant and/or Participant's parent or guardian breaches this provision, he, she, or they shall be liable to the SYTA Parties for all costs and expenses incurred defending such claims or proceedings, including attorney's fees.

**Indemnification:** Participant and his/her parent or guardian also agree to indemnify and hold harmless each of the SYTA Parties from, and bear all responsibility for, any and all actual or threatened claims, detriments, rights, remediation, counterclaims, liens, controversies, obligations, agreements, suits, causes of action, actions, demands, liabilities, losses, damages, assessments, judgments, fines, penalties, threats, sums of money, accounts, costs and expenses, known or unknown, direct or indirect, at law or in equity or in settlement or in any other proceeding and whether or not suit was filed thereon, arising from, relating to or resulting from the conduct or actions of Participant or Participant's parents or guardian (collectively, the "Third Party Claims", individually a "Third Party

Claim"). Participant and his/her parents or guardian agree to reimburse, upon demand, the SYTA Parties for any and all expenses incurred or other damages caused for or by Third Party Claims brought against any of the SYTA Parties. THE INDEMNITY CONTAINED IN THIS PARAGRAPH WILL APPLY EVEN IF AN INJURY IS CAUSED IN WHOLE OR IN PART OR EXACERBATED BY THE ORDINARY NEGLIGENCE OR STRICT LIABILITY OF ANY SYTA PARTY, BUT WILL NOT APPLY TO THE EXTENT A THIRD PARTY CLAIM IS CAUSED ENTIRELY BY THE GROSS NEGLIGENCE, WILLFUL MISCONDUCT OR CRIMINAL BEHAVIOR OF ANY SYTA PARTY. Participant and his/her parent or guardian agree to pay all costs and attorneys' fees and expenses incurred by any of the SYTA Parties in connection with investigating and/or defending a Third Party Claim, proceeding or otherwise.

**Assumption of Risks:** Tennis, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the care taken to prevent or minimize harm. Tennis is an activity which involves strenuous exertions of strength using various muscle groups, quick movements involving speed and change of direction, and may involve contact with equipment or fixed objects. The risks associated with tennis range from (1) minor injuries such as cuts, bruises, muscle strains and sprains, to (2) major injuries such as broken or fractured bones or concussions, to (3) catastrophic injuries, such as heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, paralysis, or death. Participant and his/her parent or guardian hereby expressly acknowledge and agree that they understand the nature of tennis and appreciate the types of injuries and risks that exist, and Participant and his/her parent or guardian knowingly assume all related risks.

**Severability:** Participant and his/her parent or guardian further expressly agree that this Consent, Release, Waiver and Indemnification is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect.

**Acknowledgment of Understanding:** Participant and his/her parent or guardian have read this Consent, Release, Waiver and Indemnification and fully understand its terms. Participant and his/her parent or guardian understand that Participant and his/her parent or guardian are giving up rights, including the right to compensation for injury resulting from the negligence of SYTA and the SYTA Parties. Participant and his/her parent or guardian acknowledge that they are signing this agreement freely and voluntarily, and intend their signatures to be a complete and unconditional consent, release and waiver of all liability to the greatest extent allowed by law.

Signing this Consent, Release, Waiver and Indemnification as parent or guardian, I acknowledge that I am authorized to and I am consenting to Participant's participation in SYTA's programs under the terms and conditions set forth herein.

**Participant Name (print)** \_\_\_\_\_

**Participant Signature (if over 18 years of age)** \_\_\_\_\_ **Date** \_\_\_\_\_

\* If Participant is under 18 years of age, parent or legal guardian must sign on behalf of Participant

**Parent/Guardian Name (print)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**STAMFORD YOUTH TENNIS ACADEMY, INC.  
INCOME AND DEMOGRAPHIC INFORMATION**

**COMPLETING ALL PORTIONS OF THIS FORM IS OPTIONAL**

The following information is important to Stamford Youth Tennis Academy and its funding sources. This information is grouped together **for statistical purposes only**. No personal information will be shared or provided to any government or private organization. **This form is confidential and will remain so at the Stamford Youth Tennis Academy.**

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**Number of members in my household:** \_\_\_\_\_ **My family's annual income:** \_\_\_\_\_  
\$

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**I / my child is a member of the following ethnic group (Please check one):**

Hispanic, Latino, or Spanish origin       Not Hispanic, Not Latino, Not of Spanish origin

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**I / my child is a member of the following racial group(s): (Please check one or more)**

American Native or Alaskan Native       Asian  
 Black or African American       Native Hawaiian or other Pacific Islander       White / Caucasian

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**I / my child is from a Female Headed Household**       Yes       No

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**I / my child qualifies for free or reduced school lunch**       Yes       No

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**Have you or any member of your household graduated from college?**



\_\_\_\_\_ Yes \_\_\_\_\_ No

**This information is correct to the best of my knowledge:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date