TENNIS CLUB INVERMERE: ATHLETE REGISTRATION - SEASON 2009

PARENT INFORMATION, MOM INFO:

Last Name _____ First Name _____

Address _____

City _____ Province ____ Postal Code _____

Phone: Home _____ Work _____

Email _____

DAD INFO:

Last Name _____ First Name _____

Address _____

City _____ Province ____ Postal Code _____

Phone: Home _____ Work _____

Email _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____ Relationship _____

ATHLETE 1:

Last Name _____ First Name _____

DD MM YY

Date of Birth _____/_____/_____ Health Care # _____

Male/Female _____ Years of Tennis_____

Medical Information for Coach

_____

ATHLETE 2:

Last Name _____ First Name _____

DD MM YY

Date of Birth _____/_____/_____ Health Care # _____

Male/Female _____ Years of Tennis _____

Medical Information for Coach

_____

Mail to: Tennis Club, Invermere, Box 2277, Invermere BC, V0A 1K0. Cheques are made out to Tennis Club Invermere.

For additional information, email skibase@telus.net or call Andrea Meadus 250-342-9082

WAIVER:

I, the undersigned, being the Parent or Guardian of the registered names, athlete(s) am aware of the danger and potential injury associated with participation in Tennis and all associated activities. I agree to hold Tennis Club Invermere and its Directors, Officers, Coaches and Members harmless and free of all liability for any accident or injury involving the registered names, athlete(s), whether at the tennis location, in transit, or sojourning.

Parent's Name (print) _____Signature _____ Date _____