

# West Meade Tennis Registration Form for ALL Programs

Name: \_\_\_\_\_

Parents name (if under 18): \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

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**Clinic:** (check one)

- Jr Clinics     Jr Team     TOTS     Summer Camp
- Ladies Night Out     Mens Night Out     Fri Night Lights mx'd d'bls

**Session:** (circle one if applicable):    I    II    III    IV

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**TOTAL FEE:** \$ \_\_\_\_\_

*\*\*\*Please mail payment or bring to 1<sup>st</sup> day of class\*\*\*  
Kirk Orahod, 2050 Morrison Ave Spring Hill, TN 37174*

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**EMERGENCY AUTHORIZATION:** *I give permission to the medical personnel selected by the event coordinator to order x-rays & routine tests for my child in the event I can not be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named on the registration form. **I hereby waive and release Kirk Orahod and all West Meade Swim & Tennis employees** from any and all liability for any injuries or illness incurred while they are participating in any West Meade tennis program. I will be responsible for any medical or other charges in connection with my child's attendance. I know of NO medical or physical problem which may affect my child's ability to safely participate in any West Meade Tennis event.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_