

**MAYWOOD TENNIS ASSOCIATION (MTA)**  
**2022 Kids' Clinic Registration & Release Form**

*Please Print Clearly. **Return form to the registration desk on the first day of the clinic.***

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

Please check: African American \_\_\_ Hispanic \_\_\_ White \_\_\_ Asian \_\_\_ Other \_\_\_

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**PARENT/GUARDIAN PERMISSION FORM, PARTICIPANT AGREEMENT  
AND RELEASE OF LIABILITY FOR INJURIES & COMMUNICABLE  
DISEASES, INCLUDING COVID--19**

**By signing this document, you will waive certain legal rights including the right to sue. Please read it carefully!**

*I hereby grant permission for my child/guardian named above, who is \_\_\_ years old, to participate in the Tennis Clinics operated by Maywood Tennis Association.*

In consideration for being allowed to participate in any clinic, tournament, trip, event or activity sponsored by the Maywood Tennis Association, or programs related thereto, the undersigned understands, acknowledges, and agrees that:

1. Participation includes the risk of injury and possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the Maywood Tennis Association, Walther Christian Academy, Morton West High School, District 201, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby consent to allow, without compensation, the use of biographical material and voice, video, image or likeness in photographs and/or video for my child/guardian in publicity and advertising concerning any and all Maywood Tennis Association activities

and by sponsors of any event and/or their promotion by way of any media throughout the world.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian's Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name (if different than above)

\_\_\_\_\_  
Emergency Contact Phone Number (if different than above)

\_\_\_\_\_

Please list below any medical condition(s) your child has that we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
**If you have any questions, please call Dorothy Paige at 630-863-3518 or e-mail [dapaige51@aol.com](mailto:dapaige51@aol.com).**