MAYWOOD TENNIS ASSOCIATION (MTA)
2026 Kids' Clinic Registration & Release Form

Please Print Clearly. Return form to the registration desk

Child's Name________________________________ Birth Date ____________ M___F___

Address____City/Zip____________________

Phone _____________________ E-mail ____

Please check: African American____ Hispanic ____White ____Asian ___Other____
****

Please check size
T-Shirt - Youth ____OR Adult _____ (Small____Medium____Large____X-Large____)

Tennis Shoe Size - Youth ____ OR Adult _____
****

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 to participate in the Tennis Clinic 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 and Walther Christian Academy, 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, including but not limited to voice, video, image, or likeness, in the promotion of any and all activities of the Maywood Tennis Association and Walther Christian Academy, in 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.