

MURFREESBORO TENNIS ASSOCIATION
(MTA)

MINOR REGISTRATION FORM

Participant's Name _____
Date of Birth _____
Parent/Legal Guardian _____ Relation _____
Home Address _____
Home Phone _____ Work Phone _____ Email _____
School Attending _____
List Other Family members participating & their ages _____
Emergency Contact & Phone (other than parent) _____
(Optional) It would be helpful to list any special needs that your child might have, e.g. ALLERGIES,
LEARNING DISABILITIES, MEDICATIONS, etc. and to notify us of any changes to their condition during the
course of this activity _____

(Optional) Doctor's Name _____ Phone _____

Waiver and release of Liability & Permission for Minors – PLEASE READ CAREFULLY

In consideration for permission to participate in this sport or activity and any related transportation I agree as follows:

I have considered and evaluated the risks, danger, and possibility of injury resulting from participation in and related transportation to the sport or activity in which, I, or my child or ward is participating.

I know and understand foreseeable and unforeseeable injuries could occur from actions of myself, my child or ward, other participants, MTA, its employees or volunteers, contractors with MTA and other persons involved in the activity or not.

I deliberately and knowingly assume all costs, risks of injury and/or other damages for myself and/or my child or ward, including but not limited to cost of medical treatment, permanent injury or death, and property damages resulting from this sport or activity. I waive, release and hold harmless MTA, its employees, and contractors, from all legal and financial responsibility and form all costs, injuries and/or damage for myself and/or my child or ward (including but not limited to, cost of medical treatment, permanent injury or death, and property damage) from this sport or activity.

If I am not present, or if present, and not able to make decisions, I authorize MTA, its employees, volunteers, and/or contractors to obtain or provide any first aid or other medical treatment which they deem necessary for me or my child and/or ward at my expenses and this subject to the waiver, release, assumption of costs, risks, and hold harmless agreement, etc., set forth in paragraph 3.

I give my permission for any photos or video footage of myself and/or my child or ward taken during the course of this sport or activity to be used for educational, promotional, or any other purpose.

I represent that I am the parent/legal guardian of the child I am registering and I give permission on behalf of myself and any other parent/legal guardian for this child to participate in the sport or activity. I agree that in the event of any lawsuits arising from this agreement of this sport or activity, jurisdiction in venue must be in the courts for Rutherford County, Tennessee.

Parent/Legal Guardian _____ Date _____

I have read and agree to the MTA JTT Player & Spectator Conduct Expectations

Parent

Player