



Anson County Parks and Recreation
Tennis Registration

Participant's Name _____ M / F Phone # _____

Parent's Name (Child) _____ Phone # _____

Participant's Address _____ Email _____

Participant's Age _____ School _____ School Grade _____

Date of Birth (Month / Day / Year) _____

Does the participant presently take any medication or have any type of physical conditions that our staff and coaches should be aware of?

If so, list condition or medications.

Permission and Release Statement:

(NAME OF CHILD/ADULT) _____ has my permission to play in the Anson County Parks and Recreation Athletics Program. I hereby for myself and my child fully understand that participation in this activity could result in accidental injury including but not limited to tripping, twisting of ankle/knee joints, abrasion's and bruises; or possible disablement or death. I also understand that participation in Athletics requires that he/she be in good physical health, and I fully accept full responsibility for his/her physical condition. I fully accept responsibility for all medical insurance for any injury, possible disablement or death.

Being fully aware of the degree of risk involved, I choose to allow the aforementioned child to participate in the Anson County parks and Recreation Athletics program. I also hereby release my child for medical treatment by a licensed, qualified physician should he/she become ill or injured in my absence during this program.

SIGNATURE _____ DATE _____

WITNESS: _____ DATE _____