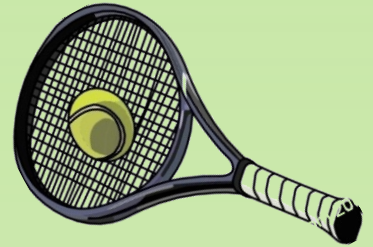


\$75

Tennis Lessons



Participant Information

PARTICIPANT NAME: _____ **D.O.B.** _____ **MALE () FEMALE ()**

ADDRESS: _____ / _____ / _____ / _____
STREET AND NUMBER CITY STATE ZIP

EMAIL: _____ **PHONE/CELL #** _____

PRIMARY GUARDIAN: _____ **PHONE/CELL#** _____

EMERGENCY CONTACT: _____ **PHONE/CELL #** _____

SCHOOL: _____ **GRADE:** _____

Lessons

CLASS TYPE

DAY OF THE WEEK

CLASS TIME

FEB ___ **APR** ___ **AUG** ___ **OCT** ___

CLASS TYPE

DAY OF THE WEEK

CLASS TIME

FEB ___ **APR** ___ **AUG** ___ **OCT** ___

Participant Permission / Waiver

PARTICIPATION PERMISSION: I, as an adult 18 and older and the parent or legal guardian of the above named participant, hereby give my approval to participate in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities.

I understand that supervision is only during the hours of scheduled practice and games. I also give the City of Panama City Beach permission to take pictures during practices and games for publicity purposes.

I hereby release, absolve, indemnify and hold harmless the City of Panama City Beach, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

X _____
SIGNATURE OF LEGAL GUARDIAN / ADULT PARTICIPANT SIGNATURE

DATE

PARTICIPANT NAME

<i>CLASS START DATE</i>	<i>CLASS TIME</i>	<i>PAYMENT DATE</i>	<i>RECEIPT #</i>	<i>CASH/CHECK/C.C.</i>	<i>PAYMENT AMOUNT</i>