



**Summerville Catholic Spring Tennis
Girls and Boys in Grades Kindergarten through 8th**

Name: _____ Grade: _____
Phone: _____ Home _____ Cell _____
Email: _____
Parents name: _____

Shirt size: ys ym yl as am alg axl

K-2 Team _____ 3rd^d through 5th _____ and 6th through 8th _____

Tennis experience: _____
(For example: beginner, never played etc...)

Fee: \$90 (if your child is a returning player and does not require a new uniform shirt)

Fee: \$110 (purchase shirts, any equipment needed, and league fee) Checks payable to SCS-sports

Shirt size: ys ym yl as am alg axl

Return form by February 1st, 2019

Sponsorship: Anyone wishing to sponsor a team(s), please contact Jean Fox, Athletic Director(jfox@summervillecatholic.org) The cost is \$250 and the sponsor's name will be added to the team shirt.

PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) Signature _____

___ Yes, I have read the Athletic Handbook on the school's website

Parent's Signature: _____

Athlete's Signature: _____