



SACRED HEART ACADEMY
VALKYRIE
ATHLETICS 



Tennis Clinics Sep. 5th, Sep. 12th, Sep. 19th, Sep. 26th

Oct. 3rd, Oct. 10th, Oct. 17th, Oct. 24th

Registration and Waiver Form

Full Name of Child(ren): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent(s) Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Age: _____ Child(ren) Medical Problems/Concerns (if any): _____

I have no knowledge of any physical impairment that would impact my child(ren)'s participation in the clinic. By signing below, I verify that the above named participant is covered by my health insurance policy. I hereby release and save harmless any and all coaches, personnel, employees, members, and agents of Sacred Heart Schools, and the Ursuline Sisters from any and all injuries, loss, or other claims arising out of or resulting from my child(ren)'s participation in these SHA Junior tennis clinics. I understand that there are inherent risks associated with these tennis clinics, but I willingly assume those risks on behalf of my child(ren).

Signature of Parent/Guardian:

Printed Name of Parent:

Date:

PHOTO/VIDEO RELEASE.

Occasionally, SHA tennis will produce brochures, videos, or other promotional pieces used for public relation purposes, including social media. Photos may be used in print advertisement, earned media coverage, campus publications, website and social media platforms. Videos may be used for informational purposes regarding the programs and short clips may be posted on social media platforms. Participants are not identified by name on social media.

I do hereby give and authorize SHA, its personnel and agents, full permission to copyright and use all and any print or video photographic footage of my child and to make and use all or part of said footage, without identification, and to make changes or alterations therein and all additions thereto for use/broadcast/advertising in conjunction with testimonial copy, and for any and all commercial purposes in keeping with the school's mission, philosophy, policies, and procedures. The said photos and reproductions shall be and are the property of SHA.

Please select from one of the following options and then sign and date the form.

Photos/videos of my child may be used for the reasons listed above.

OR

Photos/videos of my child may be used for reasons listed above, with the exception of _____.

OR

Do not use or release any photo/video of my child.

Participant Name: _____

Parent/Guardian Signature: _____ Date: _____