2009 - 2010 After-School TEAM Program
Registration and Parental Consent Form

Please print all information.

GUARDIAN 1/ Mother First Name_____Last Name_____

GUARDIAN 2/Father First Name_____Last Name_____

Street Address_____City_____Zip_____

Primary Phone_____ Alt. Phone _____

E-Mail Address_____

Child's First Name_____Last Name_____Sex (m/f)_____

Birth Date_____Age_____Ethnicity (for statistical purposes only)_____

School Attending Fall 2009_____Grade Entering Fall 2009_____

Please list any medical conditions we should be aware of:

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Parental Consent

I am the parent or legal guardian of the child named above and verify that he/she is in good health and has my permission to participate in the Milwaukee Tennis & Education Foundation's After-School TEAM Program. I agree to indemnify and hold harmless the Foundation, sponsors and other individuals working on behalf of MTEF from claims, demands and judgments arising at any time my child is participating in this program.

I give consent for my child to be administered first aid and to be treated by an emergency medical technician/paramedic, nurse or physician. I hereby give my consent for my child to be interviewed and/or photographed by the media or by Milwaukee Tennis & Education Foundation. I understand that there is no transportation provided to and from the site and it is my responsibility to drop my child off before his/her session and to pick him/her up after the session or in the event of weather-related cancellation. I do give consent for my child to be transported by MTEF staff to team tennis matches and on field trips should such transportation be offered.

_____

Parent Name (please print) First Last

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Parent Signature Date

<u>Mail Completed Application to:</u>
MTEF
C/o Diana Miramontes
3000 N. Sherman Blvd.
Milwaukee, WI 53210