

Teddy Tennis Academy

REGISTRATION FORM

PARENTAL/GUARDIAN SIGNATURE (1): My signature indicates that I am aware there are certain risks of injury in sports participation and that my child is in good physical condition with no illness or other condition which would preclude his/her participation in the tennis programme. In addition, I agree to waive, release and hold harmless, Teddy Tennis Ltd., Teddy Tennis Cape Town, their officers, coaches, sponsors, supervisors and representatives for any injury suffered in the normal course of participation in the tennis program and its associated activities whether the result of negligence or any other cause.

Teddy Tennis Academy Location: _____

Cubs First Name: Last Name:

Home Phone: Mobile Phone:

Address:

Town/City: Post Code:

E-mail:

Player Level: No Prior Tennis Experience Beginner Advanced Beginner

Danny Bear: Boris Bear: Tim Bear: Charlie Bear: Amanda Panda: Johnny Bear:

Date of birth: _____ Age: _____

Parent Signature: _____

Date: _____

PARENTAL/GUARDIAN SIGNATURE (2): My signature indicates that I hereby give consent to the Teddy Tennis coach of my child to be able to touch them when necessary in order to be able to demonstrate the appropriate strokes and hand grips needed to play Teddy Tennis.

Parent Signature: _____

Date: _____

