



Please complete this ATLANTA YOUTH TENNIS AFTER SCHOOL RELEASE & WAIVER, sign it, have your parent or guardian sign it, take a picture of it and email it back before your first day of Tennis. This is required in order to participate in the program. this form, signed by your parent or guardian and you, must be sent back through email or presented on-site to Coach Rocky before or on first day. Please use black ink and print clearly.

Player(s) Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone (Home): _____ Phone (Parent Office): _____

Name of Event: _____

Atlanta Youth Tennis After School Fall 2023 Release: Sugar Creek Golf & Tennis requires a signed release covering all registered youth tennis players at the Atlanta Youth Tennis After School Program. The release must be signed by the entrant and parent or guardian of any entrant who is a minor.

Acceptance of my registration in the Atlanta Youth Tennis After School Program is without assumption or responsibility of any kind by the Sugar Creek Golf & Tennis, Dekalb County Parks & Recreation, its state associates or committee or the management of any kind in which I may be associated with while participating in this After School Program. In consideration of the acceptance of my registration, I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge Sugar Creek Golf & Tennis, Dekalb County Parks & Recreation, its state associates or committee or the management and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the Atlanta Youth Tennis After School Program described, and all claims are hereby waived and released, and I covenant not to sue therefore.

(Signature of Entrant) (Signature of Parent or Guardian)

(Date) (Street) (City) (State) (Zip)

Medical Release: I hereby consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of Dekalb Parks & Recreation and/or the same as may be adopted by Dekalb Parks & Recreation for this Atlanta Youth Tennis After School Program, and hereby consent to be tested for drugs pursuant to the provisions thereof.

(Signature of Entrant) (Signature of Parent or Guardian)

(Date) (Street) (City) (State) (Zip)

