

HAYSVILLE SUMMER TENNIS 2019

- WHEN May 28th – June 26th (Tuesday and Wednesday)
- WHERE HMS Tennis Courts
- TIME 5-9th Girls 10:00-11:00
5-9th Boys 11:00-12:00
- WHO 5-9TH Grade Boys & Girls

Name: _____ Grade for 2019-20 Season _____ Phone # _____

Email: _____

I/We being the parents' and/or legal guardians of the applicant authorize the Tennis Coaches and its agents' permission to request emergency medical treatment or care as necessary to insure the well-being of our child/dependent.

Parent/Guardian Consent: _____ Date: _____

I/We hereby request that you accept the application for the enrollment of above said student athlete in the 2019 Summer Program. With consideration of your acceptance of the applicant, we/I hereby release USD 261, Haysville Middle School and all employees of the Haysville Middle School from all claims on accounts of injuries which may be sustained by my son & daughter while attending the Haysville Summer Tennis Program: and we/I agree to indemnify USD, Haysville Middle School and the camp staff for any claims which may hereafter by presented by our/my son/daughter as a result of such injuries.

Parent/Guardian Consent: _____ Date: _____

Return to: Coach Griffitt, or Haysville Middle School
900 West Grand
Haysville, KS 67060