



**CITY OF PRAIRIE VILLAGE
2018 Kansas City Junior Tennis League
Instructor: Tracy Cooper 913-963-6867**

1st Participant

Name _____

Age ___ Birth date ___ / ___ / ___

Yrs. on team ___ Gender: M or F

2nd Participant

Name _____

Age ___ Birth date ___ / ___ / ___

Yrs. on team ___ Gender: M or F

3rd Participant

Name _____

Age ___ Birth date ___ / ___ / ___

Yrs. on team ___ Gender: M or F

Contact InformationEmail Address (required) _____ Yes, send me email updates

Home Address/City/Zip _____

Parents/Guardians' Names _____ Home Phone (____) _____

Parent/Guardian Daytime Phone (____) _____ Parent/Guardian Cell Phone (____) _____

Emergency Contact _____ Phone (____) _____

JTL Fees

\$105 for first registration which includes the end-of-year tournament registration

\$100 for each additional JTL membership registration within the same family which includes the tournament

- 10 & under (orange balls; 60 ft court): Boys Girls
 12 & under (green balls; 78 ft court - standard): Boys Girls
 13 - 18 (yellow balls; 78 ft court - standard): Boys Girls

League Play begins June 4**Must be registered by May 15 to be eligible for the first week of league play****No refunds will be allowed for the Kansas City Junior Tennis League Team**

FOR OFFICE USE ONLY Date _____ Amt. Paid \$ _____ Check _____ Cash _____ Card _____ Rcvd By _____

Payment Type: Cash Check VISA Mastercard Discover Am. Express **Total Fees:** _____

Name on Card	Signature	
Card Number	Exp Date	CVV2

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation.
 I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

TURN PAGE OVER

ATTENTION PARENT/GUARDIAN
Read and sign the Waiver & Medical Release below

Waiver: *I fully comprehend the risk of personal injury and damage to my child's participation in the activities of the City of Prairie Village and/or Kansas City Junior Tennis League and hereby agree to assume such risk. I further waive any and all claims of personal injury and property damage of any kind or character whatsoever, against the City of Prairie Village and/or Kansas City Junior Tennis League, Park Board Members, team officials and volunteers. I hereby release the foregoing from liability from any claims, which may arise from, or occur as a result of my minor child's participation in the team activities.*

By signing this form, I acknowledge that I have read and fully understand my own liability and do accept the restrictions.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Consent for Medical Treatment of Minors: *I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at any City of Prairie Village and/or Junior Tennis League meet, practice, and/or other activity. I authorize any licensed physician to perform any procedure as deemed advisable.*

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

MEDICAL ALLERGIES (for treatment purposes only): _____

Notice: *The City of Prairie Village is committed to providing access to its programs, services and activities to qualified individuals with a disability. For reasonable modifications to the City's youth sports activities, contact the City's ADA Coordinator, 3535 Somerset Drive, Prairie Village, Kansas 66208, (913) 385-4640 or TDD (800) 766-3777, FAX (913) 642-0117.*