

KANGWA JUNIOR TENNIS PROGRAM

LIABILITY RELEASE AND UPDATED EMERGENCY CONTACT INFORMATION

NAME..... RELATIONSHIP

EMERGENCY NUMBERS

HOME _____ WORK _____

CELL _____ is it ok to text? _____

EMAIL _____

My child, _____, has permission to participate fully in this program. I authorize representatives of Kangwa Tennis Inc. to arrange any necessary emergency medical treatment in the event that I cannot be reached.

I hereby release Kangwa Tennis Inc. and all its staff and volunteers from any liability which could result from injuries incurred while using the Three Oaks Tennis center, Wakehatche and Rutenburg Parks.

Photo Release: I hereby also consent to allow pictures of my child to be taken to allow them to be used on the kangwa Tennis Inc. Instagram and website pages for program promotion purposes.

If such is not consented to, Please initial here _____

Please list any pertinent information concerning your child (i.e. dietary, medication, allergies, physical limitations, etc.)

Signature of Parent or Guardian _____

Date. _____