

**2009**  
**VISITATION TENNIS**  
**GRADES K – 8**

(Office Use Only)
Date: _____
Ck#: _____
Other: _____
_____

Visitation Academy will offer tennis for students grades K – 8. This is a training program which will be offered on Mondays from 3:15 – 4:45 pm for Grades K – 4 and on Wednesdays from 3:15 – 5:00 pm. for Grades 5 – 8. Program dates are March 30 – May 18, 2009. Objectives include introduction of proper stroke techniques and footwork, as well as a general understanding of game strategies. Participants are required to provide their own tennis racket.

Please complete the registration form below and return to the Gym Office, Grade School Office or to Ms. Studnicki in the Athletic office no later than **WEDNESDAY, JANUARY 28**. (Students may also participate in spring softball or track programs.)

Player's Name _____	Grade _____	Birth Date _____
Parents' Name _____	Home # _____	
Address _____	Work # _____	
City _____ Zip Code _____	Cell # _____	
E-Mail _____		

Will you be playing any other sports during the tennis season? If "yes", what sport(s)? \_\_\_\_\_

**EMERGENCY INFORMATION**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Information/Preference \_\_\_\_\_

Is there any existing medical situation the coach should be aware of? \_\_\_\_\_

**I here by give permission for my daughter to be given emergency medical treatment in the event I cannot be reached.** \_\_\_\_\_  
 Parent/Guardian Signature

**REGISTRATION DEADLINE- WEDNESDAY,  
 JANUARY 28. Registration Fee: \$45**

**T-SHIRT ORDER: (Circle one) Cost is included in the registration fee.**

Youth: X-Small	Small	Medium	Large
Adult: Small	Medium	Large	X-Large

**Athletic Wavier of Liability**

In consideration of the opportunity afforded me to participate in extra-curricular activities in connection with my enrollment as a student at Visitation Academy of St. Louis, and in recognition of the possible hazards, including, but not limited to, hazards arising out of extra-curricular activities, either as a result of others' conduct or use of equipment or my own conduct or use of equipment, or by nature of the activity or equipment itself, to which I voluntarily subject myself in functions other than normal classroom participation, which include but are not limited to, interscholastic or extramural athletic competition, including team sports, and individual competitions, I hereby knowingly, freely and voluntarily waive any right or cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could occur to Visitation Academy of St. Louis, or its agent, or the sisters of the Visitation, or their assistants or agents individually, which may afford me any occasion or opportunity to participate in any activity within their control.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

