

**APPLICATION**

**USTA Youth 10 and Under Tennis**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **DOB** \_\_\_\_\_

**STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Contact in case of emergency** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**I \_\_\_\_\_ hereby give my consent for above child to participate in the USTA Youth 10 and Under Tennis program or related tennis programs and hold instructors and facilities harmless for any injury, which may occur. I give permission for my child to receive any emergency medical treatment that may be necessary.**

**We hold the coach, the city, and District 15 NJTL harmless and give permission to have our child's photos presented in future programs or web sites.**

**Parent or guardian signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed application with a check for \$36.00: Bobbie Danise, 164 Copley Terrace, Sebastian, FL 32958.**

**For more information go to [www.district15njtl.org](http://www.district15njtl.org) or contact John Danise at 772-589-4278.**

**Distribution does not imply endorsement or recommendation by the school district of Indian River County.**