

# PAL 2017 Tennis Player Registration Form

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Did this child play Tennis for PAL last year?  Yes  No

Email Address: \_\_\_\_\_ Gender:  Male  Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

7-12 yrs. old

13-17 yrs. old

Shirt Size	Pants Size	<u>Coach's Use Only</u>
<input type="checkbox"/> Youth X-Small (chest: 24-25 in.)	<input type="checkbox"/> Youth X-Small (waist: 18-19 in.)	<input type="checkbox"/> Birth Cert. Verified <input type="checkbox"/> Signed Waiver <input type="checkbox"/> Photograph <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Youth Small (chest: 26-27 in.)	<input type="checkbox"/> Youth Small (waist: 20-22 in.)	
<input type="checkbox"/> Youth Medium (chest: 28-29 in.)	<input type="checkbox"/> Youth Medium (waist: 23-26 in.)	
<input type="checkbox"/> Youth Large (chest: 30-32 in.)	<input type="checkbox"/> Youth Large (waist: 27-29 in.)	
<input type="checkbox"/> Adult Small (chest: 33-38 in.)	<input type="checkbox"/> Adult Small (waist: 30-32 in.)	
<input type="checkbox"/> Adult Medium (chest: 39-41 in.)	<input type="checkbox"/> Adult Medium (waist: 33-34 in.)	
<input type="checkbox"/> Adult Large (chest: 42-44 in.)	<input type="checkbox"/> Adult Large (waist: 35-36 in.)	
<input type="checkbox"/> Adult X-Large (chest: 45-47 in.)	<input type="checkbox"/> Adult X-Large (waist: 37-38 in.)	
<input type="checkbox"/> Adult XX-Large (chest: 48-50 in.)	<input type="checkbox"/> Adult XX-Large (waist: 39-42 in.)	

<b>Medical History: Please list all of the player's allergies, medications, special conditions, etc.</b>

**WAIVER:** I agree, by signing this release, to hereby forever release, discharge and covenant to hold harmless the City of North Little Rock, the NLRPD and NLRPAL and any of its employees, representatives and volunteers participating in this program from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action, belonging to the undersigned arising out of any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damage, loss of damages of any kind sustained or that I may hereafter sustain, in consequence of an accident or injury that may occur during this program.

**By signing this form:** I give my child (listed above) permission to take part in the NLRPAL Tennis Program and agree to any and all of the conditions listed above.

\* If there is any reason you feel that your child should not participate in this program, please return this form unsigned. This will indicate that you do not wish for your child to participate in this activity. Participation is considered voluntary and no child will participate without explicit permission from you, as his/her parent or legal guardian.

Parent/Guardian/Custodian: \_\_\_\_\_  
Signature
Printed Name
Date