



**JULY 2018**  
**Lynxville Summer Tennis**  
**Registration Form**  
 (please complete one for each child)

Child's Name \_\_\_\_\_

Parent(s) \_\_\_\_\_

Street                      Apt or Box #                      City/State                      Zip

Email \_\_\_\_\_

Parent cell phone (in case of emergency) \_\_\_\_\_

About how many years has your child participated in summer lessons in Brandon? \_\_\_\_\_

Child's age: \_\_\_\_\_ Any allergies \_\_\_\_\_

**T-SHIRT SIZE:** (circle) Youth      Small      Medium      Large  
 Cost: \$10                      Adult      Small      Medium      Large      XL

*To be guaranteed a t-shirt please register by May 19th.*

**DAY SESSIONS only: July 9 - July 19th (Monday through Thursday for TWO weeks)**

**Brandon Valley Middle School Courts**

**Last day: Brandon Junior Open (separate registration/optional activity)**

**Choose one:**

\_\_\_\_\_ 10:00 am - 10:45 am for ages 5-8 and 9-10 year olds

\_\_\_\_\_ 11:00 am – 12:00 pm for ages 11-14 year olds

**COST:**

\_\_\_\_\_ \$30 No t-shirt      \_\_\_\_\_ \$40 with T-shirt

Prices are per child. Pay for up to three children per family. Additional children free.

**Please make checks payable to Brandon Tennis Association    Check # \_\_\_\_\_ Cash \_\_\_\_\_**

**Release and Waiver**

I (parent) hereby certify and give permission to my child to be a voluntary participant in the Lynxville Summer tennis lessons. I (parent) hereby release and forever hold harmless any and all sponsors from any claim, cause or suit, which may arise out of my participation in this tournament. I (parent) freely agree that I (parent) am personally responsible for all risks of injury or damage to persons and my child or property arising in any manner from my participation in this activity. I (parent) release rights to approved photo, video or likeness taken during an event and authorize the Brandon Tennis Association to use photos, video or likenesses for marketing and advertising purposes. My signature hereunder indicates that I have read and fully understand this waiver.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**MAIL form with payment to:**

Brandon Tennis Association 1607 N. Royal Oaks Road Sioux Falls, SD 57110