



JUNE 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
 Adult Small Medium Large XL

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

DAY SESSIONS: June 4-June 28 (Monday through Thursday for four weeks)

Brandon Valley Middle School Courts COST: \$65 includes t-shirt

_____ A 9:00 am – 9:45 am for ages 5-8 and 9-10 year olds

_____ B 10:00 am - 10:45 am for ages 5-8 and 9-10 year olds

_____ C 11:00 am – 12:00 pm for ages 11-14 year olds

EVENING SESSIONS: June 5 - June 28 (Tuesday and Thursday evenings for four weeks)

Aspen Park Courts COST: \$40 includes t-shirt

_____ D 6:15 - 7:00 pm for ages 5-8 and 9-10 year olds

_____ E 7:00 - 7:45 pm for ages 5-8 and 9-10 year olds

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