

Youth Tennis at the Oakhurst Courts

Registration, Consent, Medical Authorization, and Waiver Form



8-week program from June 9th through July 29th, 2021

Section:	Tuesday, Wednesday, Thursday (each section limited to 16 students)	Rank preference (1 st , 2 nd)
1	Elementary (E) (2 nd grade & up): (8:45 am – 9:45 am)	_____
2	Middle School (MS) (middle school age): (7:30 am – 8:45 am)	_____
3	Intermediate (8 th & early HS): (9:45 am – 11:00 am)	_____
4	Advanced Level (high school age): (11:00 am – 12:30 pm)	_____

YOUTH PROGRAM PLEASE PRINT * Make sure email is correct /legible

Student Name
First _____ Last _____

Age _____ DOB _____ Shirt Size: Youth- S M L Adult- S M L XL
Optional Oakhurst Tennis jackets available: Jacket Size: Youth- S M L Adult- S M L XL
(\$25 for Jacket, see website for more information)

Parent's (Guardian) Names: _____

Mailing Address: _____ Zip _____

Home Ph# _____ Cell _____ Cell _____

Email address _____ (to receive program info, schedule changes and updates)

Health Insurance Co. _____ Policy # _____

Allergy or other physical condition _____

Medication being taken _____

Doctor's Name _____ Phone _____

Person to contact in event of an emergency:

Name _____ Phone _____

Please send payments through our website: www.oakhurstathletics.org

Payment:	Section 1	2/3	4	Jacket	for 8-week session, 3 days/week
Oakhurst Resident:	\$175	\$190	\$210		
Non-Oakhurst Resident:	\$205	\$220	\$235		
Oakhurst Tennis Jacket:				\$25	

Note: Oakhurst Athletics is a not-for-profit organization

For more info contact: Lars Capener at 630-805-1153, oakhurstathletics@yahoo.com or visit www.oakhurstathletics.org

I, the undersigned, consent for my child, named above, to participate in the above referenced programs in tennis. My child has no known physical or other condition that would limit or restrict participation in either program. I understand that my child may travel to various tennis venues for purposes of tennis instruction and competition.

I understand that while participating in any tennis program or activity, there is a possibility that my child may sustain physical illness or injury (minimal, serious, catastrophic, or even death). I further understand that my child is assuming the risk of such physical illness or injury, and I release Jim Nielsen, Oakhurst Athletics not-for-profit, the Oakhurst homeowners association, as well as their boards and representatives from any claim for such illness or injury that my child may sustain while participating in any tennis program or activity.

In order that my child may receive the necessary medical treatment for injury or illness sustained while participating in any tennis program or activity, I authorize the coach to obtain medical treatment for my child for such injury or illness, and I hold Jim Nielsen, Oakhurst Athletics not-for-profit, the Oakhurst homeowners association, as well as their boards, coaches and representatives, harmless in exercise of this authority.

I understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness and injury that my child may sustain while participating in any tennis program or activity. I certify that my child's activities in all programs are covered by the accident and health insurance described above.

DATE _____

Signature of Parent or Guardian _____