## WILDCAT TENNIS CLUB REGISTRATION INFORMATION AND RELEASE FORM

NAME	AGE	BIRTH DATE
RECOMMENDED LEVEL		
ADDRESS		
CITY,STATE,ZIP		
HOME PHONE		E-MAIL ADDRESS
PLEASE DESCRIBE ANY EXISTING MEDICAL/PHYSICAL CONDITIONS WHICH WE SHOULD BE AWARE OF		
Waiver and Release		
receive instruction from NORTHN injuries your child might sustain a I recognize and acknowledge that instruction, and I voluntarily agre regardless of severity, that my mi further agree to waive and relinque Northwestern University, its office	WESTERN TEN arising out of hi t there are certain the to assume the inor child/ward in the training and the training and training and the training and	t by registering your child and having him/her (NIS CAMPS, you will be waiving all claims for is/her instruction.  In risks of physical injury to recipients of full risk of any and all injuries, damages or loss, may sustain as a result of said participation. I gainst Northwestern Tennis Camps and lunteers and employees that I or my minor minor child/ward) as a result of receiving
I do hereby full release and forever discharge NORTHWESTERN TENNIS CAMPS and its employees and Northwestern University from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor/child ward and arising out of, connected with or in any way associated with my child's receiving instruction. I have read and fully understand the above waiver and release of all claims.		
Authorized Signature by Paren	nt or Guardian	
Date		
Participant's Name (Printed)		