

Make checks payable to: UVA Intramurals

<h1 style="margin:0;">SUMMER TENNIS</h1> <h2 style="margin:0;">Youth Registration Form</h2>			University of Virginia Intramural-Recreational Sports (434) 924-3791 www.virginia.edu/ims	
Child's Last Name	First	Nickname	Sex	Age
Address		City	State	Zip
T-shirt Size: Youth or Adult XS ___ S ___ M ___ L ___ XL ___			E-mail Address	
Parent's Last Name		First		
Work Phone		Home Phone		
Please Mark All That Apply: (M) Mother; (F) Father				
Recreation Member		Non-Member		
___ UVA Student	___ Faculty	___ Faculty		
___ Staff	___ Spouse	___ Spouse		
___ Other		___ Staff		
Card # _____		___ Other		
Youth Tennis: Member \$ 45, Non-member \$ 55 (for age category, check the week(s) that you would like to enroll your child)				
Weekday Classes: 9:00-9:50 AM	Ages 4-5	Ages 6-7	Ages 8-10	Ages 11 & up
Week 1: June 16-June 20				
Week 2: June 23-June 27				
Week 3: June 30-July 4				
Week 4: July 7-July 11				
Week 5: July 14-July 18				
Week 6: July 21-July 25				
Junior Team: Ages 8-17 (circle member or non-member fee)				
June 16-August 1 (7 weeks) M- F 10:00-12:00 PM; Thursday matches 1:00-3:30 PM			\$250/\$290	
TOTAL FEES				
<u>Informed Consent, Risk of Injury, and Authorization for Emergency Treatment and Transportation</u>				
<p>I/We, the undersigned as the parent or legal guardian of the child listed on this application, in consideration of this request give permission for my child to participate in the program offered by Intramural-Recreational Sports department. I understand and acknowledge by allowing my child to participate in this activity, the risk of injury exists and medical treatment may be necessary.</p> <p>I/We, in the case of an emergency when we can not be reached, I/We hereby give authorization to the University of Virginia, its employees an agents, and the treating physician to obtain or provide whatever medical treatment deemed necessary for the immediate welfare of the child listed on this application.</p> <p><u>Condition of Enrollment:</u> I/We read, understand and agree to the terms and conditions on this application as it is related to my child. I/We understand it is my responsibility to provide accident and health insurance coverage for my child and we will be financially responsible for all charges and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.</p> <p>My child has the following medical conditions, allergies, or medications that emergency personnel would need to know about:</p> <p>_____</p>				
Parent/Guardian Signature(s): _____			Date: _____	
Refund Policy: Cancellation of enrollment must be requested at the IM-Rec Sports department office at least two business days before the first day of class. We are unable to issue refunds after a class has begun.				

Access Card #: _____ Staff Name: _____ **VALIDATE HERE:**