



# Community Center Registration

Central Texas Tennis Association  
Sarah Pernell, Director  
(512) 466-6545  
cttatennis512@gmail.com

Guardian Name	First Name	Relationship
Address	City	State/Zip
Home Phone	Work or Cell Phone	Email Address
Employer	Employer Contact (name/number)	Yearly Income

Emergency Contact	Phone Number	Relationship

Emergency Contact	Phone	Relationship

## Medical Information & Waiver

Fee	Child Name	DOB	Allergy/Medication	School	Grade

**\*\*\* Medical Consent \*\*\***     YES     NO

I give consent for any emergency medical treatment, operation, or anesthesia, which might be deemed necessary and agree to be responsible for all expenses and outcomes due to my decision.

In consideration of myself or my child(ren), being allowed to participate in the program sponsored by CTTA I, the undersigned parent/guardian, binding heirs, executors, administrators, estate and assigns, do hereby release and agree not to hold liable the CTTA and/or its officers, board, agents and employees; from any and all actions causes of action, claims, demands, costs or damages as a result of property damages or personal injuries or death sustained by me or my said child or his/her or my property, arising from or resulting from an act or omission, negligent or otherwise, of CTTA, programs, its officers, agents and employees or any other person or at any participant in the program while participating in the said activity or while traveling to or from the place at which such activity will be conducted.

Guardian Signature	Date	Total Due (per child/per session)