



High Performance Camp
 Scott Miller
 (904) 514-1644
 scott@904tennis.com
 www.904tennis.com

Camper Information

Child's Name: _____
 Date of Birth: _____ Age: _____
 Address: _____

Parent Information

Mother's Name: _____ Father's Name: _____
 Mother's Home Phone: _____ Father's Home Phone (if different): _____
 Mother's Cell Phone: _____ Father's Cell Phone: _____
 Mother's Work Phone: _____ Father's Work Phone: _____
 Email: _____

Emergency Information

Persons to be contacted in case of illness, accident or emergency if parents or guardian cannot be reached, and authorized to remove child from facility. **Identification will be required.**

Name: _____ Relation to Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Name: _____ Relation to Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Medical Insurance Carrier _____ Policy #: _____

Physician: _____ Phone: _____ Preferred Hospital: _____

Known Allergies: _____

Other important medical information: _____

- June 4 - June 8 June 25 - June 29 July 9 - July 13 July 16 - July 20

Check payments can be made payable to Miller Tennis Management and can be mailed to:
 122 W Village Dr, Saint Augustine, FL 32095

Session Paid For	Date Paid	Amount Paid	Form of Payment

WAIVER

I understand that Scott Miller Tennis Management assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in Scott Miller Tennis Management activities or programs, I hereby voluntarily release and discharge Scott Miller Tennis Management its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the Scott Miller Tennis Management sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While Scott Miller Tennis Management will make every attempt to provide reasonable accommodations for mentally and physically challenged children Scott Miller Tennis Management will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy Scott Miller Tennis Management programs. Any of the above reasons will be grounds for dismissal from Scott Miller Tennis Management programs. We strongly recommend that you discuss with Scott Miller Tennis Management staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that Scott Miller Tennis Management is NOT responsible for personal property lost or stolen while members and/or program participants are using Scott Miller Tennis Management facilities.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to Scott Miller Tennis Management to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting Scott Miller Tennis Management programs.

NAME OF APPLICANT/CHILD

SIGNATURE OF PARENT/GUARDIAN

DATE

PICTURE AND NAME PUBLICATION PERMISSION

I hereby **grant 904 Tennis permission** to publish pictures and names of myself and/or my children which are taken at 904 Tennis facilities or during 904 Tennis sponsored events on the 904 Tennis website and/or social media.

Parent/Guardian Signature

Date

I **do not grant 904 Tennis permission** to publish pictures and names of myself and/or my children which are taken at 904 Tennis facilities or during 904 Tennis sponsored events on the 904 Tennis website and/or social media.

Parent/Guardian Signature

Date