

NJTL OF BENNINGTON, VT, INC.

PERMISSION SLIP FOR TRAVEL AND PARTICIPATION Summer 2020

Completed form may be emailed to sandy@benningtonaces.org or given to tennis center staff members.

Child's Name: _____ Date of Birth: _____

Address: _____

School: _____ grade: _____

Parent/ Guardian phone: _____ or _____

Parent/Guardian email (please print): _____

The cost for the summer programs is \$275 per week for students not attending area public schools. Please make checks payable to NJTL of Bennington. Summer program runs Monday through Friday; 9:00 to 3:00. Scholarships are available for families in need. Please check the week(s) you're interested in:

_____ June 29-July 3 _____ July 6-July 10 _____ July 13-July 17 _____ July 20-July 24 _____ July 27-July 31

List any known child allergies including food, environmental and medication:

List any health problems that might affect the child during travel and while playing tennis:

Parent/ Guardian Name: _____ Date: _____

Emergency contact *other* than for Parent/ Guardian signing below:

Contact: _____ Phone: _____

LIABILITY AND MEDICAL RELEASE

In consideration of your permitting _____ (Player) to travel for and participate in tennis activities arranged by NJTL of Bennington VT, Inc. (Sponsor), I hereby covenant and agree with Sponsor, its officers, agents, and employees, that I will not bring on behalf of myself or the Player any claim, suit or action arising out of or relating to the Player's participation in tennis and related activities away from Sponsor's premises at 200 Lovers Lane, Bennington, Vermont, including travel to and from such activities. Further, covenant not to allow any such claim, suit or action to be brought on behalf of the Player. This covenant not to sue includes, without limitation, all claims that the Player might have for personal injury and/or property damages. I understand that this agreement is in the nature of a release of liability, and is legally binding and enforceable. I hereby acknowledges that the activities may be dangerous and involve risks including but not limited to exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she assumes full responsibility for any risk whatsoever, including but not limited to bodily injury, exposure, death or property damage arising out of or related to the event(s) whether caused by the negligence of releases or otherwise. I hereby give consent to administer first aid to the Player, and to provide emergency transport to the nearest medical facility. I hereby represent to Sponsor that I have authority to execute this document as parent or guardian of the child.

Date: _____ Signature: _____ Parent/Guardian

