



TESSATENNIS
Registration Form

Age _____

General Info

Last name _____ Full name _____

DOB (mm/dd/yyyy) _____ Personal Email _____

Personal Cell Number _____ Home Phone Number _____

Home Address _____ City _____

Province _____ Postal Code _____

Fathers Name _____ Fathers Phone Number _____

Mothers Name _____ Mothers Phone Number _____

EMERGENCY INFO

Health Card Number _____

Pearson to Contact of Emergency (other than parents) _____

Home Number _____ Business/Cell Number _____

Medical Allergies _____

Please list any pre-existing medical conditions (i.e. asthma) _____

Please list any pre-existing your child that you think would be of benefit to us
(i.e. psychological, confidence ,self-esteem, learning style etc.)

**TESSATENNIS INC.
AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY**

Full Player Name: _____

In consideration of being allowed to participate in any way in the TESSATENNIS INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TESSATENNIS INC. , their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

Date Signed: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER