Farmington High School Fall Tennis Camp

Registration Form – 5th thru 8th Grade

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____

Email Address: _____

School presently attending: _____ Grade: _____ Gender: _____

Prior Tennis experience: _____

- Registration Form and $10 Payment is due on the first day of practice
- Checks should be made out to Farmington Tennis
- Lessons (6 sessions) **Start: September 14th** and **End October 19th**
- Lessons will be **Monday Evenings from 6:00pm to 7:15pm**
- All practices will be at the Tennis Complex
- Any Questions contact Bob Green at 505-320-7993

I, the undersigned, as the parent or guardian of the child named in this registration form hereby give my child permission to participate in the Fall FHS Tennis Camp. I understand that the sport of tennis can be a strenuous physical activity, which, based upon physical conditions of the player and other factors, can lead to injury, illness, or more grave and serious consequences. I also understand that my child will be in the vicinity of many other players and faces the risk of being struck by balls and racquets, being run into or over by another player, tripping or falling on the playing surface, or other risks related to sports activity in general. My child and I assume the risks of participation in the tennis program.

I understand the coaches are volunteers. Therefore, I waive my right to sue, and release from liability, anyone working on behalf of the FHS Tennis Camp, for any loss or claim of any nature arising from or related to my child's participation in the tennis program unless the coach is grossly negligent or committed the act forming the basis of the claim with intent to harm.

I authorize the coaches to provide or arrange for reasonable and necessary emergency medical treatment in the event my child should need such in my absence.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Farmington Municipal Schools
Farmington HS
Participation Waiver - Transfer Information

I, _____, the parent/guardian, am signing this Participation Waiver for my child, _____. This Participation Waiver is to show I, the parent/guardian understands that while my child practices or competes with a coach that is employed at Farmington High School (FHS), or is a part of a club that is affiliated with a FHS coach, or attends a camp/clinic while living outside of the FHS attendance zone and have completed the sixth grade, my child can/will be subject to not being eligible for participation in all athletics at FHS for 365 calendar days if my child transfers to FHS.

Please see the following NMAA Bylaws that further discuss Transfer Students and Following a Coach:

7.4.5: https://www.nmact.org/file/Section_7_General.pdf
9.3.18: https://www.nmact.org/file/Section_9.pdf

Parent/Guardian
Printed Name: _____ Signature_____Date_____

Student Printed Name: _____