



*Doylestown Borough Summer  
Tennis Program*

*In Partnership with the  
Bucks County Tennis Association*

**PROGRAM REGISTRATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

Parent's Name (if minor): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies/Pertinent Medical Information: \_\_\_\_\_

Permission to Seek Medical Attention in Case of an Emergency: Yes \_\_\_\_\_ No \_\_\_\_\_

Walker/Bike Rider \_\_\_\_\_ Car Rider \_\_\_\_\_

Permission for Child/Children to be Picked Up by Person other than Family Member: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Specify Person(s) \_\_\_\_\_ Phone \_\_\_\_\_

<i>Program site</i>	<i>Program session, name, dates, times</i>	<i>Fee</i>

Please return this completed form with payment to Doylestown Borough at the address shown below. Photos may be taken at BCTA activities. If you do not want your/your child's picture published, please notify the BCTA. The BCTA recommends that you check with your doctor before registering for a tennis program.

**RELEASE OF LIABILITY: ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM**

I, the parent/guardian of the above minor or myself submit that my child/I is/am able to participate in the above activity and waive the BCTA, its coaches, volunteers and affiliates of any responsibility of injury or illness.

Parents please be advised that the Borough of Doylestown is hosting the BCTA program for the enjoyment and education of the participants attending. The BCTA and the Borough accept responsibility for children **ONLY** while they are participating in the BCTA program. We do not offer direct supervision of any children unless they are physically located and participating in the BCTA program. If you do not want your child playing unsupervised after the program is completed, you must make arrangements to have your child picked up immediately at the end of the program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Doylestown Borough ~ 57 West Court Street ~ Doylestown, PA 189901  
Telephone 215-345-4140 ~ Fax 215-345-8351  
Bucks County Tennis Association, Inc. ~ c/o 11 Bellwood Drive ~ Langhorne, PA 19053  
Telephone and Fax 215-322-6802*