

PLAYER REGISTRATION

RETURN FORMS w/ PAYMENT → InnerCity Tennis, 4005 Nicollet Avenue, Minneapolis, MN 55409

ONLINE REGISTRATION → www.innercitytennis.org/about-us/tennis-facility-info

PRIMARY PLAYER INFORMATION

NEW TO ICT

I'D LIKE TO LEARN MORE ABOUT VOLUNTEERING

Player _____ Gender _____

Address _____ City _____ State _____ Zip _____

Phone (c) _____ (h/o) _____ Email _____

Ethnicity: American Indian Asian Black, African-American Caucasian Latino Other _____

SECONDARY PLAYER INFORMATION

NEW TO ICT

I'D LIKE TO LEARN MORE ABOUT VOLUNTEERING

Player _____ Gender _____

Phone (c) _____ (h/o) _____ Email _____

Ethnicity: American Indian Asian Black, African-American Caucasian Latino Other _____

*HOUSEHOLD DEPENDENTS & BIRTHDATES _____

*Dependent must be under 25 and living at same address, please list birth dates for all listed

INDIVIDUAL	HOUSEHOLD (Couple / Family)
<input type="checkbox"/> \$125 (tax included)	<input type="checkbox"/> \$175 (tax included)
Optional Tax-Deductible Donation to InnerCity Tennis*	
<input type="checkbox"/> \$1,000 (2 Cities Academy 18 & Under Scholarships)	<input type="checkbox"/> \$100 (One Summer Parks Scholarship)
<input type="checkbox"/> \$500 (4 Cities Academy 10 & Under Scholarships)	<input type="checkbox"/> \$50 (Two Junior Tennis Rackets)
<input type="checkbox"/> \$200 (Two Summer Parks Scholarships)	<input type="checkbox"/> \$25 (One Junior Tennis Racket)
<input type="checkbox"/> Other _____	<small>*All donations will be considered unrestricted unless otherwise specified.</small>

PAYMENT

ANNUAL REGISTRATION \$ _____ + OPTIONAL DONATION TO ICT \$ _____ = GRAND TOTAL \$ _____

Payment Method: Cash Check Credit Card Name on Card _____

Card # _____ Exp _____ / _____ Sec Code _____

ACKNOWLEDGEMENTS / RELEASE

I understand and acknowledge that the activities directed by InnerCity Tennis (ICT) may be physically and mentally stressful and pose potential health risks to the participant. I certify that all participants are covered by health insurance, are physically fit to participate, and will immediately report any injury to a staff member. I understand that ICT makes no claims of medical knowledge or expertise and authorize any representative of ICT, in case of a medical emergency, to secure medical or dental treatment for the participant, and I assume full responsibility for all costs relating to such treatment. I authorize ICT to use photographs, videos, the name of participant, and any evaluations, surveys, or other records taken during the program for any reasonable purpose. I hereby accept all foreseen or unforeseen risks associated with these activities and agree for myself, my heirs, executors or anyone else who may claim on my behalf, to hold ICT and ICT board members, organizers, staff and agents harmless against any claims arising from participation. By signing below, I certify that I have read, understand and accept the foregoing.

Required Signature _____ Date _____