

Application, Liability Waiver and Photo Release

Sarasota Junior Pickleball • (941) 726-0707 • juliecdstewart@gmail.com



Child Information

Child's Name _____ Age _____ DOB _____

Grade _____ Name of School/Youth Organization _____

Child's Cell # _____ Child's Email _____

Does your child have any medical conditions, allergies, etc. we should be aware of? ☐ Yes ☐ No

If you checked "Yes", please explain: _____

(Attach sheets if necessary. If your child requires medication while attending, please contact us for a Permission to Administer Medication form.)

Parent/Guardian Info

Parent/Guardian #1: _____

Cell # _____ Email Address _____

Place of Employment _____ Ph # _____

Home Address _____

Parent/Guardian #2: _____

Cell # _____ Email Address _____

Place of Employment _____ Ph # _____

Home Address _____

Emergency Contacts

Emergency Contact #1: _____ Relationship to Child _____

Cell # _____

Does this person have your permission to pick your child up from SJP? ☐ Yes

Emergency Contact #2: _____ Relationship to Child _____

Cell # _____

Does this person have your permission to pick your child up from SJP? ☐ Yes

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Waivers & Release

I hereby grant permission for my child to participate in Sarasota Junior Pickleball (SJP). I understand that activities involve active games, outdoor activities, occasional off-site trips, etc. I understand that my child's participation in these activities, as well as those program-related activities not listed, may expose him/her to known danger as well as unanticipated risks. Acknowledging that such risk exists, I hereby waive, release, absolve, indemnify and agree to hold harmless SJP, respective directors, officers, agents, volunteers, and employees from any and all claims of liability for personal injury or property damage my child may suffer while participating.

Name (Printed): _____

Signature: _____ Date _____

Photo/Video Release

I grant Sarasota Junior Pickleball (SJP) permission to use photographic images and/or video recorded during my child's participation in SJP related programs and activities for promotion, publicity and/or commercial purposes (website, email, print, social media, etc.). I understand that SJP may associate my child's first name with the aforementioned materials, but will not associate my child's last name without contacting me first. (Do not sign if you do not agree.)

Signature: _____ Date _____

Session Payment

Session fee: \$90 per 6-week session

How to pay: Zelle to juliecdstewart@gmail.com (include your child's name), or through **Step Up For Students**.

Payment method: ☐ Zelle ☐ Step Up For Students

☐ Pro-rated: \$_____ for 6-week session

☐ Scholarship needed

FOR OFFICE USE ONLY

☐ Paid ☐ Not Paid

Amount \$ _____ Date _____ Initials _____