



Lobs & Lessons Enrollment Form

Please print, complete one form per child and sign at the bottom.

Child's name: _____ DOB: ____/____/____ Grade: _____
School: _____ Male: _____ Female: _____
Parent/Guardian: _____ Relation to child _____
Address: _____ City: _____ Zip: _____
Home Phone #: _____ Work #: _____ Cell #: _____
Which number should we call first if we need to reach you? _____ Home _____ Work _____ Cell
Parent email address: _____

Please list names/numbers of individuals that can pick up your child or be contacted in case of emergency, other than the parent/guardian listed above.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Does your child have any health conditions, medical requirements, and/or allergies? ____ Yes ____ No
If yes, please explain: _____

Please check off, to the best of your ability, your child's skill level in tennis:

____ Beginner: never played ____ Amateur: played a few times ____ Advanced: has taken tennis lessons

Will you drop off or stay with your child during programming? ____ Drop-off/Pick-Up ____ Stay

Media Release: I give permission for my child's writing or photograph taken in connection with the activities of Lobs & Lessons to be used in newspaper or magazine articles, or on television and other presentations concerning the program. I understand that by not circling either yes or no, I am giving the Lobs & Lessons staff permission:

YES NO

Parent/Guardian Permissions: In case of illness or accident, I request Lobs & Lessons staff to contact me. If I cannot be reached or the emergency contact cannot be reached at the phone numbers I have provided, I authorize and direct Lobs & Lessons personnel to seek emergency medical care or take other action they believe is necessary under the circumstances to protect the best interest of my child. If my child is taken for emergency medical treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and I agree to pay the resulting expense.

I give permission for my child to participate in Lobs & Lessons program at the Mary and Frances Youth Center located on the VCU campus. I understand that Lobs & Lessons will provide appropriate supervision for all activities. I understand and agree that Lobs & Lessons, VCU, nor its employees will be liable for injuries resulting from accidents or unanticipated occurrences beyond their control. I understand that Lobs & Lessons is responsible for maintaining a safe, educational environment and that if my child's behavior is disruptive or in violation of Lobs & Lessons rules for student behavior he/she may be dismissed.

I have read the form, understand it, and my signature below demonstrates that I have provided my consent for my child to participate in Lobs & Lessons under the terms described above.

Parent/Guardian Signature

Date

'Like' Mary and Frances Youth Center on Facebook to stay updated on upcoming events and opportunities!

Return form and payment to: mail (MFYC, PO Box 843062, Richmond VA 23284), email (rhoneyrb@vcu.edu), fax (827-1739) or in person at 120 S. Linden St., Richmond, VA.