

2019 - 2020 (September 1 - August 31)

PLAYER REGISTRATION

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

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



PRIMARY PLAYER INFORMATION NEW TO ICT

Player _____ Gender _____
 Address _____ City _____ State _____ Zip _____
 Phone (c) _____ (h/o) _____ Email _____
 Race/Ethnicity: Asian/Pacific Islander Black/African American Caucasian Hispanic/Latino Native American Other

SECONDARY PLAYER INFORMATION NEW TO ICT

Player _____ Gender _____
 Phone (c) _____ (h/o) _____ Email _____
 Race/Ethnicity: Asian/Pacific Islander Black/African American Caucasian Hispanic/Latino Native American 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"/> \$200 (tax included)
<input type="checkbox"/> I (we) would like to join a league: \$25 each player (tax included)	
Covers the cost of league preparation, development, rosters and schedules, mailings and weekly update of league match results, A player needs to pay this fee only once this season and can participate as a regular player in more than one league during the season.	
Optional Tax-Deductible Donation to InnerCity Tennis*	
<input type="checkbox"/> \$500 (4 Cities Academy 10 & Under Scholarships)	<input type="checkbox"/> \$50 (Two Junior Tennis Rackets)
<input type="checkbox"/> \$250 (Two Summer Parks Scholarships)	<input type="checkbox"/> \$25 (One Junior Tennis Racket)
<input type="checkbox"/> \$125 (One Summer Parks Scholarship)	<input type="checkbox"/> Other _____
<small>*All donations will be considered unrestricted unless otherwise specified. The suggested amounts show ways your gift may be invested in our programs.</small>	

PAYMENT

REGISTRATION \$ _____ + LEAGUE FEE(S) \$ _____ + OPTIONAL DONATION \$ _____ = 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 & dental 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 _____

OFFICE USE ONLY: DATE _____ REG PAID \$ _____ POSTED BY _____