

Spring Branch Tennis Association Participation Form

SBTA is a non-profit organization, who receives grant funding from various sources. We must be able to show that we are diverse in our delivery of programs. This information is for SBTA only and will not be shared.

Player Name _____

Player is under age 18 _____ over age 19 _____ over age 55 _____

Tennis _____ Pickleball _____

Male _____ Female _____

Ethnicity: White _____ Black _____ Asian _____ Hispanic _____

Other _____

Annual Family Income Under \$75K _____ Over \$75K _____

Address _____

City/State/Zip _____

Phone Number _____

Email _____

Emergency Contact Name/Phone _____

___ Yes, I want a monthly newsletter regarding SBTA Programming and activities.

___ I give SBTA permission to photograph/videotape myself or/and my player for training and promotional purposes.

In and for consideration of my participation at this facility, I hereby agree and promise that we will not hold harmless Spring Branch Tennis Assn, its employees, instructors, or any volunteers responsible for any loss, damages, or personal injury that I may receive because of participation.

Signature

Print

Date

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