

**Hold Harmless Agreement  
and Image Release**

I release the City of Pensacola, Roger Scott Tennis Center, Gulf Coast Tennis Group, or any employee acting on behalf of such said agency, from liability in any matter incurred from my child participating in Summer Camp 2018.

Also, in consideration of my minor child(ren) being allowed to participate in this summer camp, the undersigned agrees that such participant's likeness may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize that program.

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Parent/Guardian

Hold Harmless  Yes  No  
Image Release  Yes  No

**Roger Scott Tennis Center**  
2130 Summit Blvd - Bldg 3  
Pensacola, FL 32503  
850-912-4103  
www.rogerscotttennis.com

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**Roger Scott Tennis Center  
Summer Camp 2018  
REGISTRATION**

Please make checks payable to:  
**GCTG Summer Camp**  
No refunds after session is booked.  
May be transferred to another child.

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ M / F

Parent/guardian \_\_\_\_\_

Parent/guardian email \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Parent/guardian cell \_\_\_\_\_

In case of emergency, secondary number:

\_\_\_\_\_

Allergies \_\_\_\_\_

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FOR OFFICE USE:

Session # \_\_\_\_\_

Cash/check amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit card amount \$ \_\_\_\_\_

Approval code \_\_\_\_\_

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