

**TOWN OF FLOWER MOUND TENNIS
REGISTRATION FORM**
www.FrankFordTennis.com

Name _____ Parent's Name _____

Address _____ City/Zip _____

Hm.# _____ Cell.# _____

D.O.B _____ E-mail _____

Class Name _____ Session (s) # _____ Amount Paid \$ _____

Checks payable & mail to: Frank Ford, 9865 Gallatin Ln Fort Worth, Tx 76177

I do hereby release, absolve, indemnify, and hold harmless the Town of Flower Mound and its employees/contractors, Frank Ford & staff, activity officials, activity supervisors, any or all of them in the event of any accident, injury or death sustained by the above named participant(s) while participating in any activity, from any liability of any kind whatsoever. I, the parent or legal guardian of the above named participant, do hereby give my approval for participation in any and all of the program's activities.

Name Signature Date
(Parent or Guardian's if applicable) (Parent or Guardian's if applicable)

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