

# PLAYER REGISTRATION



**PLEASE RETURN FORMS WITH PAYMENT TO:**  
4005 Nicollet Avenue • Minneapolis, MN 55409

## 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.

REGISTRATION TYPE	INDIVIDUAL	HOUSEHOLD
<b>Annual:</b> <i>Good for one year from date of purchase</i>	<input type="checkbox"/> <b>\$125</b> (tax included)	<input type="checkbox"/> <b>\$200</b> (tax included)
<b>Monthly:</b> <i>Renews automatically each month</i>	<input type="checkbox"/> <b>\$25</b> (tax included)	<input type="checkbox"/> <b>\$30</b> (tax included)

☐ 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.

*\*Prices effective December 2023*

## Optional Tax-Deductible Donation to InnerCity Tennis\*

- ☐ **\$500** (4 Cities Academy 10 & Under Scholarships) ☐ **\$50** (Two Junior Tennis Rackets)  
☐ **\$250** (1 Full Summer Tennis in the Parks Scholarship) ☐ **\$25** (One Junior Tennis Racket)  
☐ **\$150** (? One Summer Parks Scholarship) ☐ **Other** \_\_\_\_\_

*\*All donations will be considered unrestricted unless otherwise specified. The suggested amounts show ways your gift may be invested in our programs.*

## PAYMENT

REGISTRATION \$ \_\_\_\_\_ + LEAGUE FEE(S) \$ \_\_\_\_\_ + OPTIONAL DONATION \$ \_\_\_\_\_ = GRAND TOTAL \$ \_\_\_\_\_

Payment Method: ☐ Cash ☐ Check ☐ Credit Card

Name on Card \_\_\_\_\_ ☐ Put this card on file

Card # \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ Sec Code \_\_\_\_\_

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

# PLAYER WAIVER

PLAYER NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ ☐ CELL

## Resources

- [Playing Tennis Safely: Player Tips and Recommendations from USTA](#)
- [StaySafeMN: Guidance for Social Distancing in Youth Sports](#)

If you'd like to learn more about InnerCity Tennis, please check the box next to the email list you would like to subscribe to:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Newsletter      | <input type="checkbox"/> Adult Leagues  | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Junior Programs | <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Annual Gala  |

## ACKNOWLEDGEMENTS / RELEASE

- I understand and accept that the activities directed by InnerCity Tennis (ICT) and the environment where these activities take place present potential risks to the participant named below. I certify that the participant is covered by health and dental insurance, is healthy and physically fit to participate, and will immediately report any injury or illness 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 acknowledge and accept the potential risk of the participant contracting COVID-19 whether during the program or elsewhere and affirm that he/she is not at "high risk" of contracting COVID-19 as [defined by the CDC](#). I also affirm that he/she is aware of the guidelines and personal habits of hygiene currently recommended by governing authorities to reduce the spread of COVID-19 and other communicable diseases.
- I hereby accept all foreseen or unforeseen risks associated with the activities described above 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 agreeing to this statement, you authorize ICT to use photographs, videos, the name of the participant, and any evaluations, surveys, or other records taken during the program for any reasonable purpose. If you would like to opt out of this agreement, please indicate here and we'll note it in your profile: **Opt Out** ☐

By signing below, I certify that I have read, understand and accept the foregoing.

Signature \_\_\_\_\_

Parent / Guardian Signature if under 18 years old \_\_\_\_\_