



2015 BLOOMINGTON WOMEN'S TENNIS LEAGUE DOUBLES SUBSTITUTE PLAYER FORM

www.bloomingtonwomenstennisleague.com

NAME: _____

ADDRESS: _____

CITY & ZIP CODE: _____

PHONE: (h) _____ (w) _____

PHONE: (c) _____

EMAIL: _____

ALL SUBSTITUTE PLAYERS MUST COMPLETE THIS FORM AND SIGN THE WAIVER BELOW IN ORDER TO BE ALLOWED TO SUBSTITUTE FOR THE LEAGUE.

Phone numbers and email addresses listed will appear on the roster/schedule printout.

Which Doubles League(s) would you like to to be added to as a substitute player?

- Advanced, Wednesdays, 6:30 - 8:30 p.m. at DRED SCOTT* Courts (approx. 3.5 and above) ***2015 ONLY**
- Intermediate, Thursdays, 6:30 -8:30 p.m. at Jefferson High School Courts (approx. 3.0 to 3.5)
- Beginner, Thursdays, 6:30-8:30 p.m. at DRED SCOTT* Courts (approx. 2.5 to 3.0) ***2015 ONLY**

Please mail your completed registration form (postmarked) by May 9, 2015 to: (Note: You can sign up after May 9th to be a substitute, but your name will not appear on the substitute roster that is sent to all registered teams prior to league play.)

**BLOOMINGTON WOMEN'S TENNIS CLUB
6433 GIRARD AVENUE SOUTH
RICHFIELD, MN 55423**

Waiver

I understand that participation in activity or program is completely voluntary and that the activity or program being offered is for the betterment of the participant. The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant which are directly or indirectly attributable to the negligence, whether passive or active, of the City of Bloomington, their agents and employees, arising out of, or in connection with the activity or programs. On behalf of myself, I expressly release and discharge the City of Bloomington, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program

Release Agreement

City of Bloomington takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington Parks and Recreation Division expressing my wishes.

Data Privacy Act/Tennessee Warning

According to the Minnesota Data Privacy Act, some of the information you provide on this form may be classified as private data. Private data is available to you but not the public. If you do not provide this data, you are not eligible to play in the City of Bloomington Adult Athletic Leagues. By signing below, you are consenting to allow registration information to be shared with City of Bloomington staff, officials, Bloomington Women's Tennis League volunteers and other registered program participants for the purpose of administering the above listed recreational program. This consent will expire automatically one year after the date of signing.

Participant's Signature _____ Date _____

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audiotape and/or computer disk