



3005 Middlefield Road – Palo Alto, Ca 94306 – Ph: (650) 752-8061 – Ex: (650) 472-9281 – www.KimGrantTennis.com

Transportation Waiver

I _____, Parent/Guardian of _____, give my permission to the Kim Grant Tennis Academy (KGTA) staff, to transport and accompany my child, to and/or from Summer Camp sites, practice matches, activities, housing sites, and all other applicable places. I understand that by signing this waiver, I release the Kim Grant Tennis Academy, and all persons employed by KGTA, from any and all liability in the event of an unforeseen accident or incident that may bring harm to my child.

Parent/Guardian Full Name: _____ Relation: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Full Name: _____ Relation: _____

Parent/Guardian Signature: _____ Date: _____

Player's Full Name: _____ D.O.B: _____

Player's Signature: _____ Date: _____