

Summer Tennis Registration Form 2009 Tennis at Greenleaf Park

OFFICE USE ONLY

Date _____

Paid _____ Cash Amt. _____

Check Number & Amt. _____

Person handling funds: _____

Personal Information

Last Name: _____

First Name: _____ Middle Initial _____

Address: _____

City: _____ State: MA Zip: _____

Date of Birth: ____/____/____

Gender: _____

Parent/Guardian

Name: _____

Phone Number: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Student Pick Up Information

Please list all people who are able to pick up student (18yrs or older) and Phone Numbers

Students will not be released to any individual not listed on this form. Please notify program staff of changes in picks up information and phone numbers in writing.

Medical Information

Tennis Program(s) being offered this summer. Please check appropriate line for program you are enrolling in.

QuickStart Tennis Lessons

Youth Tennis Lessons

Dates for lessons:

Session #1 June 29 - July 15

Session #2 July 21 - August 6

Ethnicity:

Please check appropriate box

White/Caucasian (Non Hispanic)

Hispanic/Latino

African American

African American & Hispanic

Caucasian & Hispanic

Asian

Other: _____