

WINTER INDOOR TENNIS

Please print clearly!

Child/Children's Name(s) _____ Age _____

Address _____

Zip Code _____ Date of Birth _____ Grade _____

Parent/Guardian's Name _____ Relation _____

Home Phone _____ Work Phone _____ Pager/Cell _____

Email (used in the event of a cancelation due to weather) _____

Does your child take any medications, or have any allergies/medical conditions that we should be aware of? If so, please explain:

IN CASE OF INJURY, MEDICAL PROFESSIONALS WILL TRANSPORT PARTICIPANT FOR EMERGENCY TREATMENT AS SOON AS POSSIBLE. PLEASE INFORM EMERGENCY CONTACT PERSONS OF THIS INFORMATION IN CASE OF EMERGENCY. WE WILL TREAT ALL EMERGENCIES IMMEDIATELY AND NOTIFY PARENT OR GUARDIAN AS SOON AS POSSIBLE.

****Please list emergency contacts in order of priority, keeping in mind the hours of 8:30 AM to 12:00 PM.****

| | Contact Person | Relation | Phone Number |
|----|----------------|----------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Please choose the level of the participant:

_____ **BEGINNER (Never played or has limited experience playing and is in need of skill building)**

_____ **ADVANCED (Has taken lessons previously and has moderate / extensive experience playing)**

Signature _____ Date _____

Date paid: _____ Amount paid: _____ Method: _____