

Hollinger Tennis Club Junior Program Registration Form 2009

Student Name: _____ Date: _____

Age: _____ Date of Birth ____/____/____ Gender: _____

School Name _____ Grade: _____

Home Address _____ City: _____ State: _____

Parents Name: _____

Phone Number: (Home) _____ Cell _____

Work Number: (Mom) _____ (Dad) _____

• **Health and Emergency Information:**

Allergies _____ Medication Taken Regularly _____

Family Medical Doctor _____ Family Dentist _____

Emergency Contact Person _____ Relationship _____

Home Phone _____ Work _____ Cell _____

- Tennis Program Information: Check the program name and session number applied for.

Pee Wee __ Tennis Tigers __ Future Stars __ Junior Prep __ Session 1 __ Session 2 __

Please put a check beside the individual weeks applied for: **Weekly Program Participants Only.**

- | | |
|---------------------------|--------------------------|
| 1. June 8-10-11 _____ | 6. July 13- 15-16 _____ |
| 2. June 15-17-18 _____ | 7. July 20- 22-23 _____ |
| 3. June 22-24-25 _____ | 8. July 27-29-30 _____ |
| 4. June 29-July 1-2 _____ | 9. August 3-5-6 _____ |
| 5. July 6-8-9 _____ | 10 August 10-12-13 _____ |

Total Number of Week Applied For: _____ Total Amount Paid \$ _____ Date Paid: _____

- **Important Note:** No child shall be left unattended on the Hollinger Tennis Club premises, either before or after the above marked session. You signature below acknowledges that you fully understand that the Hollinger Tennis Club shall not in any way be responsible for any injuries to such unattended child on the premises.
- **Photo Release:** Hollinger Tennis Club has my permission to use photos of my child for tennis program marketing purposes. _____ (Initials of Parent/ Guardian)

Parent/ Guardian Signature: _____ **Date:** _____