Registration Form
2010 Tennis Clinic
and/or Tennis Team
Cheverly Swim and Racquet Club

1. Child's Name_____Date of Birth_____Age____

2. Child's Name_____Date of Birth_____Age____

3. Child's Name_____Date of Birth_____Age____

Address: _____

Parent(s) Name_____Address_____

Daytime Telephone_____Evening Telephone_____

Do any of your children have any physical/medical condition of which the coaches should be aware (such as allergies to insect stings, asthma, convulsive disorders, etc.)?

Signed_____Date_____
(*Parent's Signature*)

As a parent of a child who is involved in the tennis clinic and/or tennis team I realize that there is some work required for a successful program. I recognize that the team is not always responsible for providing transportation to and from team matches for my child. In addition, I am willing to help with the following:

___Taking attendance for tennis clinics

___Driver for team matches ____Novice
____Intermediate
____Advanced

___Hot Dog Night (Tuesday, July 6) –Collecting money @ gate or helping serve food.

___Awards Banquet (Thursday, August 5) 6-9:00 p.m.

Name_____Phone_____

Email address: _____