



# Youth Tennis Registration - \$40.00 per player

## Register June 11th – July 9th

(Early Bird Registration 6/11-6/18)

Late Fee of \$25 after 7/9

Players Legal Name: \_\_\_\_\_ Gender:(Please circle) Male / Female

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Conditions/Concerns: \_\_\_\_\_

T-Shirt Size (Please circle): YXS YS YM YL AS AM AL AXL A2XL

Parent Initials: \_\_\_\_\_

### Parent(s) or Guardian(s) Information:

Parent(s) or Guardian(s) Name: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*for USTA Junior Membership

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Would you be interested to assist each week with fun activities on the court? Yes No

(All VOLUNTEERS must fill-out volunteer form)

- I hereby give permission for CPR to process a USTA Junior Membership on your behalf.
- I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use all photographs and/or videotape of me and/or my family, taken during the program, for use by CPR.

By signing below, I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in a CPRC activity and that I have read and agree to all rules and regulations. An administrative fee of \$25 will be applied to all refunds. No refunds given after uniforms are ordered and insurance has been paid. Equipment (prefer for you to get a tennis racket) and a T-Shirt will be provided for all players who sign up to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### Office Use Only:

Fee \$: \_\_\_\_\_ Cash Credit Card Check# \_\_\_\_\_ Receipt #: \_\_\_\_\_ Received by: \_\_\_\_\_