

OLD LYME PARKS AND RECREATION
YOUTH TENNIS
2009 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

GRADE _____ BIRTHDATE _____ AGE _____ SEX (M) _____ (F) _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

PHONE NUMBERS IN CASE OF EMERGENCIES

HOME _____ WORK _____ OTHER _____

RELEVANT MEDICAL INFORMATION

I HEREBY GIVE MY CONSENT TO ALLOW MY CHILD TO PARTICIPATE IN THE PARKS AND RECREATION PROGRAM LISTED ABOVE AND GIVE PERMISSION FOR ALL PARKS AND RECREATION EMPLOYEES TO ACT AS NEEDED IN CASE OF EMERGENCIES. BY SIGNING THIS FORM I UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURIES INCURRED.

SIGNATURE OF PARENT/ GUARDIAN _____

CHECK WHICH SESSION(S) YOU WANT TO ATTEND
SESSIONS HELD AT THE DISTRICT 18 TENNIS COURTS
\$55 PER CHILD/SESSION

JULY 6-10

SESSION 1 9:00-10:30 AGES 5-9 _____
SESSION 2 10:30-12:00 AGES 10-16 _____

AUGUST 10-14

SESSION 1 9:00-10:30 AGES 5-9 _____
SESSION 2 10:30-12:00 AGES 10-16 _____

MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION

TO BE COMPLETED BY PARKS AND RECREATION

AMOUNT PAID _____ CHECK # _____ CASH _____