

OLD LYME PARKS AND RECREATION

YOUTH TENNIS

2012 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

2012-2013 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 9-13

SESSION 1 9:00-10:30 AGES 5-9_____

SESSION 2 10:30-12:00 AGES 10+_____

AUGUST 6-10

SESSION 1 9:00-10:30 AGES 5-9_____

SESSION 2 10:30-12:00 AGES 10+_____

MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION

TO BE COMPLETED BY PARKS AND RECREATION

AMOUNT PAID_____ CHECK #_____ CASH_____