

OLD LYME PARKS AND RECREATION

TENNIS

2014 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

ADDRESS _____

PHONE/EMAIL CONTACT INFORMATION

HOME _____ WORK _____ OTHER _____

EMAIL ADDRESS _____

RELEVANT MEDICAL INFORMATION

I AGREE 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 _____

CHECK WHICH SESSION(S) YOU WANT TO ATTEND.
SESSIONS HELD AT THE CROSS LANE TENNIS COURTS.
FEE / \$84 PER 7 WEEK SESSION
FOR ADDITIONAL INFORMATION CONTACT
MICHELLE VIA EMAIL BASSTENNIS@GMAIL.COM

TUESDAYS / APRIL 29-JUNE 10

- 1130-1230 ADULT FIT TENNIS
1230-130 ADULT BEGINNER/ADVANCED BEGINNER
130-215 MOM AND PRESCHOOLER (AGES 3-5)

THURSDAYS / MAY 1-JUNE 12

- 830-915 MOM AND PRESCHOOLER (AGES 3-5)
915-1015 ADULT FIT TENNIS
1015-1115 ADULT BEGINNER / ADVANCED BEGINNER

MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION

THIS SECTION TO BE COMPLETED BY PARKS AND RECREATION
AMOUNT PAID _____ CHECK # _____ CASH _____