

*** Please return this page to me at the first session***

Tennis Registration

Student Name _____

Guardian Name(s) _____

Guardian(s) cell(s) _____

School and grade _____

Birthday (Month/Day/Year) _____

Medical issues/allergies: _____

Email address: _____

Student playing level is:

Beginner _____ Intermediate _____ Advanced _____

I give this student permission to participate in tennis on the above dates.

Guardian signature _____