

GREENVILLE/HUNT COUNTY YMCA REGISTRATION

TENNIS LESSONS

WWW.GREENVILLE-YMCA.ORG

Age _____

Member

Non-member

Participant Information

Last Name _____ First Name _____ D. O B. ____ / ____ / ____

Address _____ City _____ Zip _____ Male/Female _____

Contact Phone _____ Contact E-mail (*required*) _____

Please Check one of the following and your preference of day(s) to hold your lesson (Tennis instructor will be in contact with you to set up lessons)

_____ Group Lesson - 4 Week Adult Clinic (Meet once a week and 1.5 hour session)

_____ Group Lesson - 4 Week Junior Clinic (11-17 years of age) Meet once a week and 1.5 hour session

_____ Group Lesson - 4 Week Youth Development (5-10 years of age) Meet once a week and 1.0 hour session

_____ Private Lesson – Adult 1 hour Lesson (18years and up)

_____ Private Lesson – Junior 1 hour Lesson (11-17 years of age)

_____ Private Lesson – Youth 1 hour Lesson (5-10 years of age)

Date(s) and time Preference: _____

Parent / Guardian Information

Mother's Name _____ Work Phone _____ Cell Phone _____

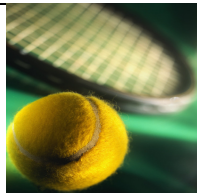
Father's Name _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____ Relation _____

Injury Waiver/Medical Consent

In consideration of my child being accepted in the Greenville/Hunt County Co. YMCA program, I do hereby waive and release the Greenville/Hunt County YMCA Staff, Board of Directors, Officials and Team Coaches of all rights and claims for damages sustained and suffered by my child in connection with his/her association and participation in the Greenville/Hunt County Co. YMCA programs. In the event I cannot be reached in an emergency, I do hereby give to the YMCA Staff and Coaches permission to secure proper treatment for my child as named above.

Parent's Signature _____ Date _____



YMCA Mission

“To put Christian principles into practice through programs that build healthy spirit, mind, and body for all”

YMCA Staff Only

Receipt # _____

Amount: _____

Staff: _____

Date: _____