



**OPEN REGISTRATION  
December 12th- January 2nd**

**Kids Tennis Registration**

Child's Name - \_\_\_\_\_ DOB \_\_\_\_\_  
 Address - \_\_\_\_\_ Age Jan 1, 2012 \_\_\_\_\_  
 Phone Number - \_\_\_\_\_ email - \_\_\_\_\_  
 YMCA Member - Y/N - Membership # - \_\_\_\_\_  
 Special Concerns- \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION -**

Name - \_\_\_\_\_ Relationship- \_\_\_\_\_  
 Phone number - \_\_\_\_\_

**6 Weeks-Classes start January 7, 2012**

<input type="checkbox"/> Short Shots* Ages 4 ½ to 5 yrs 11 months \$25 members - \$35 non Saturdays-10:30am-11:00am *Racquet not supplied	<input type="checkbox"/> Love at First Bounce* Ages 6yrs - 10 yrs <b>T-shirt size - _____</b> \$50 members - \$70 non Saturdays-11-11:45am *Racquet not supplied	<input type="checkbox"/> Practice and Play Tennis Ages 11-16 \$50.00 members-\$70.00 non Saturdays-12pm-1pm *Racquet not supplied
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**Late fee of \$10 due after January 2, 2012**

I hereby provide my consent and approval for my son/daughter to participate in this activity sponsored by the King George YMCA. I will not hold the YMCA, coaches, officials or employees of each responsible in case of accident or injury as a result of his/her participation in this program. I also acknowledge that the YMCA does not provide medical insurance protection, and that I am fully aware of the risks associate with not having medical insurance protection. I fully understand the risks involved with this activity and know my child is physically able to participate in this program. In the event of an EMERGENCY, I hereby give my consent for the YMCA to arrange for my son/daughter, \_\_\_\_\_ (participant's name), to be taken to the nearest emergency room for treatment.

Parent/Guardian's Signature - \_\_\_\_\_ Date- \_\_\_\_\_

**\*Class restrictions - 4 participant minimum and 8 participant maximum.  
Classes start 1/7/2012**

<p><b>YMCA USE</b>          Class fees - \$ _____          Late fee - \$ _____          Total Paid - \$ _____          Date Rec'd - _____</p>
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