

2017 Lafayette Tennis Club Fall Junior Tennis Team Application

Child(ren)'s Name(s)	Performance (P) or Developmental (D) Team (circle one)	(circle one) M F	Date of Birth	Age as of 6/1	T-shirt Size*
	P D	M F			
	P D	M F			
	P D	M F			
(circle one)		Jr USTA # (list any)			
Member Non Member					
Family Address					

* T-shirt sizes: Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, or Adult XL

Contact Information

Parents' Names		Email Address <i>(mandatory)</i>	
Home Phone		Child's Cell #	
Mother's Cell		Business Phone	
Father's Cell		Business Phone	
Emergency Contact		Emergency Phone	

Healthcare Information

Doctor Name	Doctor's Phone	Dentist's Name	Dentist's Phone
Insurance Provider	Policy #	List all Medical Conditions / Allergies	
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Vacation Information (parents are responsible for finding subs when cancelling their juniors from matches on days not listed below)

List dates between September 25 th and November 6 th that your child will be on vacation or unavailable to play matches.

Parent Volunteers (Volunteer help is essential to the success of the team. Please sign up for one job below.)

<input type="checkbox"/> Age group volunteer coordinator	<input type="checkbox"/> Bulletin Board	<input type="checkbox"/> T-Shirt distribution	<input type="checkbox"/> Awards Night	<input type="checkbox"/> Coaches' Gifts	<input type="checkbox"/> Photographer
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Registration - Mail applications to the LTC 3125 Camino Diablo Rd Lafayette Ca. 94549. The cost will increase \$50 for applications received after the Sept. 10th. T-shirts not guaranteed after Sept. 20th.

Make checks payable to HGA. For Questions call Hunter Gallaway at 3688882	<input type="checkbox"/> \$400 for Lafayette Tennis Club Members <input type="checkbox"/> \$450 for Non-Lafayette Tennis Club Members
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I give my permission for the above child(ren) to participate on the Lafayette Tennis Club Junior Tennis Team. I understand that NO INSURANCE is provided by the Tennis Team or Club. In case of emergency, you are authorized to have my child treated by a physician.

Parent Signature _____ Date: _____