

# 2018 Lafayette Tennis Club

## Summer 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 (mandatory)	
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 June 15 – July 27<sup>th</sup> that your child will be on vacation or unavailable to play matches.

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

• Age group volunteer coordinator	• Bulletin Board	• T-Shirt distribution	• Awards Night	• Coaches' Gifts	• 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 May 10<sup>th</sup>. T-shirts not guaranteed after June 1<sup>st</sup>.**

Make checks payable to HGA. For Questions call Hunter Gallaway at 925-368-8882	• \$400 for Lafayette Tennis Club Members
	• \$450 for Non-Lafayette Tennis Club Members

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 Club. In case of an emergency, you are authorized to have my child treated by a physician.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_