

Registration:

Junior Tennis Player_____ **Age** _____

Cell phone_____ **Email**_____

Parent's Name _____

Cell Phone _____ **Email**_____

Team Tennis - ☐ **Girls** ☐ **Boys**

\$120 per week or drop-in daily \$40. Total paid \$_____

(Make checks payable to TS Tennis)

I give permission for my child to participate in tennis programs at Rio del Oro Sports Club and hereby waive and release any and all rights and claims to damage I may have against Rio del Oro Sports Club for any and all injuries which may be suffered by my child in connection with participation in this program.

Signature_____

Date_____