

**Lafayette Tennis Afterschool Program**  
**Spring, 2012**  
**March 26 – June 8**

Name: \_\_\_\_\_ Sex: \_\_M \_\_F  
(first) (middle initial) (last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_

Player's E-mail: \_\_\_\_\_ Player's Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Guardian/Nanny Cell: \_\_\_\_\_

Mother/Father/Guardian E-mails: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Tennis Skill Level: \_\_Beginner \_\_Advanced Beginner \_\_Intermediate \_\_Advanced

Check [www.LafayetteTennis.org](http://www.LafayetteTennis.org) for class times by age and tennis skill level.

First Choice Class: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

List any medications, previous injuries, illnesses or conditions including allergies that may interfere with you or your child's participation in this activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In consideration of your accepting my application to participate in a Lafayette Tennis program, I hereby for myself, my child, my personal representatives, executors and administrators, waive and release all claims and rights for damages I may have against Lafayette Tennis Association, D.C. Public Schools, D.C. Department of Parks and Recreation, or their agents for any and all injuries suffered by me in this activity. I understand that tennis may include some accidental contact with other players, racquets, balls and other equipment on or near the tennis courts. All possible care will be taken by the instructor/coach to ensure the safety of all participants. I voluntarily and knowingly recognize, accept and assume all risk. I agree to reasonable use of photos or videos of my child for instructional purposes and use on our official organizational websites.*

Registrant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Put completed form with payment of \$165 in **orange** Lafayette Tennis box in the Great Hall at the Lafayette Elementary School or

mail to: Lafayette Tennis  
6117 32<sup>nd</sup> Place, NW  
Washington, DC 20015-2401 For more info go to: [www.LafayetteTennis.org](http://www.LafayetteTennis.org)