



PARKS AND RECREATION DEPARTMENT
PLAY TENNIS MIDLAND LESSONS

ACTIVITY REGISTRATION FORM

Participant(s) Name: _____	Age: _____	Cost: _____		
AGE LEVEL: _____	SESSION: 1 2 3	DAY(S): _____	TIME: _____	AM/PM
Participant(s) Name: _____	Age: _____	Cost: _____		
AGE LEVEL: _____	SESSION: 1 2 3	DAY(S): _____	TIME: _____	AM/PM
Participant(s) Name: _____	Age: _____	Cost: _____		
AGE LEVEL: _____	SESSION: 1 2 3	DAY(S): _____	TIME: _____	AM/PM

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email Address: _____

Allergies, medical conditions or special needs: _____

In case of emergency contact: 1. _____

(Name/Phone)

2. _____

(Name/Phone)

3. _____

(Name/Phone)

As the parent/guardian of _____ I hereby
consent to his/her participation in the Play Tennis Midland Programs.

Parent/Guardian/Adult: _____ Date: _____

(Signature)

Amount Paid \$ _____ Cash/Check # _____ Date _____ Received by _____ Deposit Acct. RN _____