



Lafayette Tennis Afterschool Program Fall 2017



September 5 – November 3, 2017 (9 weeks)

Name: _____ Sex: M F

Age: _____ School: _____ Grade: _____ Teacher: _____

Address: _____ City/State: _____ Zip Code: _____ LAP

Home Phone: _____ M Work Phone: _____ F Work Phone: _____

Parent/Guardian Names: _____

Mother Cell: _____ Father Cell: _____

Mother/Father E-mails: _____

Caregiver Name: _____ E-Mail: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Tennis Skill Level: Beginner Advanced Beginner Intermediate Advanced

Check www.LafayetteTennis.org for class time and availability 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 official organizational websites.

Parent/Guardian's Signature: _____ Date: _____

Payment Options: (1) Make your check for \$275.00 payable to **Lafayette Tennis Association**. Print and send a copy of this filled out form with your check to: Paul F. Rosenbaum, 6117 32nd Place, NW, Washington, DC, 20015 (2) E-mail filled out form to rosenbaumpaul@msn.com and mail check or send payment to Lafayette Tennis Association through PayPal using the PayPal account associated with the email rosenbaumpaul@msn.com . Add 3% fee (\$8.25) for PayPal or credit card payments.

For more info go to www.LafayetteTennis.org call 202 441-0925 or email rosenbaumpaul@msn.com