



Lafayette Tennis Indoor Afterschool Program

Winter, 2017

Chevy Chase Community Center

January 10 – March 17, 2017

Name: _____ Sex: M F
(first) (middle initial) (last)

Date of Birth: _____ Age: ____ School: _____ Grade: ____ Teacher: _____

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

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

Parent Name: _____ M Cell: _____ F Cell: _____

Mother/Father E-mails: _____

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

Emergency Contact: _____ Phone: _____

Tennis Skill Level: Beginner Advanced Beginner Intermediate

Check 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.

Parent/Guardian's Signature: _____ Date: _____

Complete form with payment (checks made out to Lafayette Tennis Association) of \$250 and mail to:

Lafayette Tennis Association
6117 32nd Place, NW
Washington, DC 20015-2401

For more info go to: www.LafayetteTennis.org
Contact: Paul Rosenbaum 202 441-0925
rosenbaumpaul@msn.com