



# Lafayette Tennis Indoor Afterschool Program

## Winter, 2018



Chevy Chase Community Center  
January 29 – March 23, 2018

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

First Class Choice: \_\_\_\_\_ Second Class Choice: \_\_\_\_\_ Third Class 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 \$200 and mail to:

Lafayette Tennis Association  
6117 32<sup>nd</sup> Place, NW  
Washington, DC 20015-2401

For more info go to: [www.LafayetteTennis.org](http://www.LafayetteTennis.org)  
Contact: Paul Rosenbaum 202 441-0925  
[rosenbaumpaul@msn.com](mailto:rosenbaumpaul@msn.com)

Payment can also be done via PayPal sending payment to [paulr@LafayetteTennis.org](mailto:paulr@LafayetteTennis.org)