

**Tiny Tot Tennis Camp at Chevy Chase Rec Center**  
**5500 41<sup>st</sup> St., NW**  
**Washington, D.C.**  
**2017 Registration Form**  
**Boys and Girls Ages (4-5)**

Name: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_ Height: \_\_\_\_\_ Other Sports: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian/Caregiver Names: \_\_\_\_\_

Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_ Caregiver Cell: \_\_\_\_\_

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

Caregiver E-mail: \_\_\_\_\_

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

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

See [www.LafayetteTennis.org](http://www.LafayetteTennis.org) for availability of space in each weekly camp session. Check off each desired item below:

<b>Session</b>	<b>Start Date</b>	<b>Half Day</b>	<b>No Pre or Post Camp Care</b>	<b>Weekly Total</b>
1	June 19	___245		_____
2	June 26	___245		_____
3	July 4*	___200		_____
4	July 10	___245		_____
5	July 17	___245		_____
6	July 24	___245		_____
7	July 31	___245		_____
8	August 7	___245		_____
9	August 14	___245		_____
10	August 21	___245		_____
Subtotal				_____
* No camp on Tuesday, July 4 Less Extra Week or 2 <sup>nd</sup> Family Member 10% Discount				_____
(Only one 10% discount per player week) 3% fee for PayPal or credit card				_____
Summer Camp Total				_____

List any medications, previous injuries, illnesses or conditions including allergies that may interfere with 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 my child 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Options: (1) Make check 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](mailto:rosenbaumpaul@msn.com) and send payment to Lafayette Tennis Association through PayPal using the PayPal account associated with the email [rosenbaumpaul@msn.com](mailto:rosenbaumpaul@msn.com) . 3% fee for PayPal or credit card payments made online.

For more info go to [www.LafayetteTennis.org](http://www.LafayetteTennis.org), call (202) 441-0925 or email [rosenbaumpaul@msn.com](mailto:rosenbaumpaul@msn.com)