



BREC Tennis Lesson/Program *Youth* Registration Form

Name of Program: _____

Day and Time It Meets: _____ Date Program Begins: _____

Tennis Center Site: _____ Cost of Program: _____

Instructor's Name (if known): _____

Name: _____ DOB: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ Email: _____

Allergy, Health Problems or Special Needs: _____

Doctor's Name and Phone Number: _____

I, as a player, or as the parent (guardian) of _____, understand that the program Employee/s and the Recreation and Park Commission for the Parish of East Baton Rouge are not responsible for any liability arising out of participation in their programs. My undersigned signature confirms the understanding of the element of risk in this activity and hereby releases BREC and its representatives from claims of injuries that may be sustained in participation.

Date

Player or Parent's Signature

FOR OFFICE USE ONLY:
Shop Clerk _____

Receipt # _____ Date _____
Amount Pd _____ Check # _____