

**TENNIS REGISTRATION FORM**

*(Please use one form per player)*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

*(for juniors)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

H. Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ *(mm - dd - yy)* Age: \_\_\_\_  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_

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

**LESSONS**

Day(s): M W M & W T Th T & Th Sat Sun

Location: CHS SLCP FCMS

Session: am pm

Time: \_\_\_\_\_

Class: Senior (50+) Adults Junior

Start Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ *(mm - dd - yy)*

Status: Resident Non-Resident

Fees: \$ \_\_\_\_\_

CHECK ENCLOSED

Please bill my credit card.

Circle card type: VISA MC AMEX DIS

CC#: \_\_\_\_\_ exp \_\_\_\_ *(mmyy)*

NAME on Card: \_\_\_\_\_

Pay on line at [www.fortbendtennis.com](http://www.fortbendtennis.com)

**Please sign the release below and mail or fax this form to FBTS *(refer to footer)***

Special medical considerations we should know about: \_\_\_\_\_

**LIABILITY & MEDICAL RELEASE**

I hereby release Fort Bend Tennis Services, Sugar Land Parks & Recreation, and /or their employees, agents, and sponsors from all responsibility in the event of injury, excepting negligence. I also consent to emergency medical treatment that may be rendered by duly qualified physicians in the event such need arises.

\_\_\_\_\_  
Parent/Guardian Date