

**City of Orange Division of Recreation
Tennis Lesson Registration Form
All Participants Must Provide Proof of Address**

Parent Name: _____ DOB _____
(for data system purposes)

Address: _____ Apt _____
_____, NJ Zip _____

Home Phone: _____ Cell Phone _____

Email Address: _____

1-Player Name: _____ Gender M or F, Size _____

Birth date: _____ Age: _____ Grade _____ School: _____

2-Player Name: _____ Gender M or F, Size _____

Birth date: _____ Age: _____ Grade _____ School: _____

3-Player Name: _____ Gender M or F, Size _____

Birth date: _____ Age: _____ Grade _____ School: _____

6 week lesson Plan			
Registration: Youth Residents	\$25 / Non \$40	ages 6-17	\$ _____
Adult Residents	\$25 / Non \$40	ages 18 - up	\$ _____
Membership Resident	\$10/ Non Res \$25.00		\$ _____
		Total	\$ _____

****Make money orders payable to City of Orange no refunds or transfer of funds unless the class is cancelled**

PLEASE WRITE IN NUMBER OF BEGINNERS OR IMMEDIATES PLAYERS FOR LESSONS DESIRED

Beginners = _____ Intermediates = _____

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell _____

PLEASE READ CAREFULLY

I, the participant, parent or guardian of the named registrant(s), hereby give my approval for the registrant(s) to participate in the City of Orange, Division of Recreation Tennis Program and understand as a parent/ guardian or participant I must abide by the rules and regulations set forth by the certified instructor.

All necessary precautions will be taken to protect each participant from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township against liability for any and all claims for damages to property or injury to or death of my child/myself or ward arising out of the scheduled activities.

Parent/Guardian: _____ Date _____