

Registration Form

Note: If classes do not fill to acceptable capacity, that class may be canceled

New Student Returning Student USTA Member Y/N USTA #: _____

How did you learn about our program? Ad Referral Website Child's school Walk-In

Name: _____ Male: _____ Female: _____

Birth Date: ____/____/____ Age: _____ Ethnicity: _____

Address: _____ Town: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

School: _____ Boston Public School? Y/N Free/Reduced Lunch Y/N

Present Grade: _____ Family Email: _____

Health Care Provider: _____ Policy Number: _____

Emergency Contact: _____ Phone Number: _____

Relationship: _____

Parent(s)/Guardian Print: _____

Parent(s) /Guardian (Sign): _____

Program(s)	Day(s)	Time	Amount
Annual Registration Fee	a d d		\$50.00
Non-Boston Residency Fee			
Late Registration Fee			\$20.00
Total			

Check appropriate Session: I _____ II _____ III _____

Participant hereby agrees to indemnify and hold harmless Sportsmen's Tennis Club, its staff, directors, volunteers, members and representatives from any and all harm arising from participation in any and all Junior Program activities, including, but not limited to tennis, field trips, travel to and from STC and field trip locations. Your signature indicates that this student is in good health and able to participate in Junior Program activities. _____ (initial)
 STC has my permission to use photos/ videos of my child in Sportsmen's Tennis Club Promotions. _____ (initial)

Under no circumstances will there be refunds issued for families who miss days or weeks, cancel, withdraw, or are dismissed for behavioral issues which warrant dismissal as established by Sportsmen's Tennis Club staff. _____ (initial)

Payment Method: Check Cash Credit Card Call us at 617.288.9092 or fax 617.288.3253