

ADOLPH SMITH'S TENNIS ACADEMY REGISTRATION FORM

STUDENT INFORMATION

Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth:	Age:	Phone:	

PARENT OR GUARDIAN INFORMATION

Name:			
Address:			
City:	State	ZIP Code	
Cell Phone (mother):		Cell Phone (father):	
Work Phone (mother):		Work Phone (father):	
Email:			

PHYSICIAN INFORMATION

Family Physician:	
Address:	
Phone:	
Please provide information on any medical, psychological or behavioral conditions, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's tennis experience is positive.	

ENROLLMENT AGREEMENT

I wish to enroll _____ for _____ weeks
 Beginning _____, and ending _____ in Adolph Smith's Tennis Academy

Other Note (bus preference, before or after care needed, grouping preference etc.): _____

PAYMENT INFORMATION

Enclosed is the \$25.00 Administrative Fee (fee deposit is refundable if cancellation is prior to June 1st 2012.)

- Please make checks payable to: Adolph Smith
- Mail to: 5831 White Rock Road
- Eldersburg, MD 21784
- Phone# 443-413-5385

I reserve the right to remove any child that is destructive, disruptive or unmanageable. If appropriate I reserve the right to terminate the child's session.

By signing below, I (_____) wish to register my child _____ in the Adolph Smith's Tennis Academy program, and if applicable give permission for my child to ride the bus to and from the academy location.

Signature of Parent or Guardian:	Date:
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