



# Marshall Junior Tennis Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

This needs to be someone we can reach quickly in case of emergency.

Phone Number: \_\_\_\_\_

Participant Shirt Size (circle one)

**YM YL YXL AS AM AL AXL**

I understand that by signing this waiver, I do not hold Marshall

Parks and Recreation and/or its employees, volunteers, or instructors liable for any injury or accident that may occur during participation of this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Office Use Only:

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash/Check/Card

Check Number: \_\_\_\_\_

