



**ACADEMY REGISTRATION FORM**

(Please fill out in black ink only)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: M F

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

Billing address (if different from above)

\_\_\_\_\_

Home phone: \_\_\_\_\_

Father's first name: \_\_\_\_\_ Mother's first name: \_\_\_\_\_

Father's daytime phone number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's company/firm: \_\_\_\_\_

Father's title: \_\_\_\_\_

Mother's daytime phone number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's company/firm: \_\_\_\_\_

Mother's title: \_\_\_\_\_

Contact in case of emergency:

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

Phone number: \_\_\_\_\_

USTA number (if you have one): \_\_\_\_\_

School attending: \_\_\_\_\_

The date your junior joined the academy: \_\_\_\_\_

Is your junior currently taking private lessons with an Academy pro? \_\_\_\_\_

If so, who? \_\_\_\_\_

With a coach outside the Academy? \_\_\_\_\_

# PARENTAL CONSENT TO TREAT FORM

(Please fill out in black ink only)

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Known allergies or medical problems ( Including drug allergies ): \_\_\_\_\_

\_\_\_\_\_

Medicine currently being taken: \_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to contact if unable to reach parents: \_\_\_\_\_

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

Relationship to child ( Neighbor, Relative, etc. ): \_\_\_\_\_

I hereby give permission for my child to receive medical treatment while participating in drills, tournaments and travel with the Academy in the event of a medical emergency if I am unable to be reached and treatment is deemed necessary.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)