

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)