



Harlem Junior Tennis and Education Program

"Not Just a Program - a Way Of Life"

2014-2015

Date: _____

Print Clearly

- (1) **The Application fees per session are non refundable.**
- (2) Fall session: _____ Winter Session: _____ Spring Session: _____ Full indoor session: _____
(All sessions are subject to availability)

(G R S I & II) \$275 per session (T D S I & II) \$375 per session (T A S) \$600 per session

Child's Name: _____

Address: _____ APT# _____

City: _____ State: _____ Zip: _____

Childs Telephone: _____ Date of Birth: _____

Age: _____ Male: _____ Female: _____ **Parent Email:** _____

Secondary Email: _____

Parents Name (First & Last Name Please)

Mother: _____ Father: _____

Cell Number: _____ Cell Number: _____

Work Number: _____ Work Number: _____

School Name: _____ Grade: _____

Ethnicity: Caucasian: _____ African American: _____ Hispanic: _____ Asian: _____ Other: _____

Please answer the following questions:

Do you participate in other after school programs? If yes, Please list them.

Please list Hobbies & other Sports: _____

Method of Transportation to the program:

Subway: _____ Car: _____ Taxi: _____ Walk: _____ Bus: _____

Tennis Experience:

Is this your first time in the Harlem Junior Tennis Program? YES or NO

If NO how many years have you been in the Harlem Junior Tennis Program? _____



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Emergency Information

Fill out and return immediately

If the program cannot get in touch with either parent, name a friend or relative who may be called if child is sick or hurt.

Emergency Contact Name: _____

Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell number: _____

Email address: _____

Doctor Information

Doctor: _____

Telephone: _____ Email: _____

If at any time the above information must be changed, I will notify the director in writing.

Signature of parent or guardian: _____

Date: _____