

# Lessons Registration Form

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female

## Contact Information:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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How many years of tennis experience does this student have? \_\_\_\_\_

What is his/her playing level?  Beginner  Intermediate  Advanced

Does s/he take any other sports? \_\_\_\_\_

You consider your child:

- Sportsmanlike
- In the middle
- Not liking physical activities

What level would your child like to achieve?

- General tennis education
  - High School Varsity/JV Team
  - USTA New England Ranking
  - USTA National Ranking
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Please indicate your preferred days of the week and approximate times. Please be as detailed as possible. The schedule s available on the YTA website.

For 10 and Under program – please specify which session you are signing up for: an 8 week or a 17-week.

