

# Ladies' Tennis Team Registration Form

Name

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Phone

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Email

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Ladies' Team practice will be held on Tuesdays beginning June 5th. Our team will have POWTA practice from 9:30 – 11:00 AM. Fee is \$20. **(All fees due by June 12<sup>th</sup>)**

**Please enclose registration form and a check for \$20 payable to CSTC and mail to:**

**Jen King  
21 Maple Street  
Canfield, Ohio 44406**

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## **Ladies' Tennis Clinic Registration Form**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Each session meets Tuesdays and Thursdays for two weeks from 4:00 – 5:00 PM. You may sign up for as many sessions as you like. Please indicate your choice of session(s) by checking the lines below.

\_\_\_\_\_ Session 1      June 5 – 14      (\$20)

\_\_\_\_\_ Session 2      June 19 -28      (\$20)

\_\_\_\_\_ Session 3      July 5 – 112      (\$20)

\_\_\_\_\_ Session 4      July 17 – 26      (\$20)

Fees for each session must be paid to reserve the desired clinic(s). Sessions are filled on a first-come, first-served basis.

**Make check payable to CSTC and mail with registration form to:**

**Jen King  
21 Maple Street  
Canfield, Ohio 44406**

# Men's Tennis Clinics Registration Form

**Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

Each session meets on Wednesdays from 4:00 – 5:00 PM. You may sign up for as many sessions as you like. Please indicate your choice of session(s) by checking the lines below.

- \_\_\_\_\_ Session 1      June 6 & 13      (\$10)
- \_\_\_\_\_ Session 2      June 20 & 27      (\$10)
- \_\_\_\_\_ Session 3      July 11 & 18      (\$10)
- \_\_\_\_\_ Session 4      July 25 & August 1      (\$10)

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# Cardio Tennis Registration Form

**Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

Each session meets on either Mondays 10:30-11:30 AM or Wednesdays 10:30 -11:30 AM. You may sign up for as many sessions as you like. Please indicate your choice of session(s) by checking the boxes below; \$5 per cardio session.

<b>Mondays Check Here</b>	<b>MONDAYS</b>	<b>Wednesdays Check Here</b>	<b>WEDNESDAYS</b>
	<b>June 4</b>		<b>June 6</b>
	<b>June 11</b>		<b>June 13</b>
	<b>June 25</b>		<b>June 20</b>
	<b>July 3</b>		<b>June 27</b>
	<b>July 9</b>		<b>July 11</b>
	<b>July 16</b>		<b>July 18</b>
	<b>July 23</b>		<b>July 25</b>
	<b>July 30</b>		

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## **Youth Tennis Team Pre-Tryout Clinic**

These clinics are intended for those who want to try out for the team. These clinics are highly recommended to those who have not practiced much over the winter and/or would like extra instruction prior to tryouts.

Sessions are June 4, 5 and 6 from 4:00-5:00 PM with a rain make-up day June 7. The fee is \$45 per person and the registration deadline is May 25.

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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21 Maple Street  
Canfield, Ohio 44406**

## Youth Summer Tennis Clinic Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Each session meets Monday, Wednesday and Friday for two weeks. You may sign up for as many sessions as you like.

<b>Check Sessions</b>	<b>Please <u>circle</u> preferred time</b>	<b>Fee</b>
_____ Session 1 June 11 – 22	8:45-9:30 <b>or</b> 9:30-10:15	\$35
_____ Session 2 June 25 –June 29 July 9 - 13	8:45-9:30 <b>or</b> 9:30-10:15	\$35
_____ Session 3 July 16 – 27	8:45-9:30 <b>or</b> 9:30-10:15	\$35

Fees for each session must be received to reserve a spot, first-come, and first-served; max. 6 per session time.

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Canfield, Ohio 44406**

**Youth Tennis Team Registration and Emergency Form**

The following children who were on the CSTC Youth Tennis Team last year, or qualified at try-outs, and will participate in team activities. Fee is \$40 per child. This completed emergency form will be filed in the Club Office. Children will not be permitted to play until all forms are completed and the fees are paid.

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Allergies, medications, physical impairments or anything else the coach needs to know.

\_\_\_\_\_

I hereby give consent to the Canfield Swim and Tennis Club to apply first aid treatment to my children in case of an emergency until a doctor can be notified. YES \_\_\_\_\_ NO \_\_\_\_\_

In the event the designated physician is not available, I hereby give my consent to the Club to secure another licensed physician. YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby give consent to the Club to secure an ambulance to transfer my child to the hospital in the event I cannot be reached. YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists find it necessary.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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