

Ladies' Tennis Team Registration Form

Name

Phone

Email

Ladies' Team practice will be held on Tuesdays beginning May 30. Our team will have POWTA practice from 9:30 – 11:00 AM. Fee is \$20.

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

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

Ladies' Tennis Clinic Registration Form

Name _____

Phone _____

Email _____

Each session meets Tuesdays and Thursdays for two weeks from 6:00 – 7:00 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 – 15 (\$20)

_____ Session 2 June 20 -29 (\$20)

_____ Session 3 July 6 – 13 (\$15) NO 4th

_____ Session 4 July 18 – 27 (\$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 Thursdays from 7:00 – 8:00 PM.
You may sign up for as many sessions as you like. Please
indicate your choice of session(s) by checking the lines
below. (Max. 6 players)

_____ Session 1 June 8 & 15 (\$10)

_____ Session 2 June 22 & 29 (\$10)

_____ Session 3 July 6 & 13 (\$10)

_____ Session 4 July 20 & 27 (\$10)

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

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

Cardio Tennis Registration Form

Name _____
Phone _____
Email _____

Each session meets on Tuesdays from 8:30 -9:30 AM. You may sign up for as many sessions as you like. Please indicate your choice of session(s) by checking the lines below. (Max. 6 players)

_____ Session 1 June 6 & 13 (\$10)

_____ Session 2 June 20 & 27 (\$10)

_____ Session 3 July 11 (no 4th) (\$5)

_____ Session 4 July 18 & 25 (\$10)

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21 Maple Street
Canfield, Ohio 44406**

Youth Tennis Team Pre-Tryout Clinic (Max. 6)

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 May 23, 24 and 25 with a rain make-up day May 26. The fee is \$45 per person and the registration deadline is May 15.

Name _____

Age _____ Gender _____

Name _____

Age _____ Gender _____

Parent(s) Name _____

Phone _____

Email _____

Please make checks payable to CSTC and mail with registration form to:

**Jen King
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.

Check Sessions	Please circle preferred time	Fee
_____ Session 1 June 12 – 24	8:45-9:30 9:30-10:15	\$35
_____ Session 2 June 26 – July 7	8:45-9:30 9:30-10:15	\$35
_____ Session 3 July 10 – 21	8:45-9:30 9:30-10:15	\$35
_____ Session 4 July 24 – August 4	8:45-9:30 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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21 Maple Street
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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**Jen King
21 Maple Street
Canfield, Ohio 44406**

