

Beginner Youth 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. (8 players per time slot)

**4 sessions listed, may add more in August

Check Sessions Please circle preferred time Fee

____ Session 1 June 8 – June 15 (last clinic on June 20) **8 - 8:45am** or **8:55-9:40am** or **9:50-10:35am**

Fee \$35 for members, \$ 60 for non-members

____ Session 2 June 22- June 29 (last clinic on July 3) **8 - 8:45am** or **8:55-9:40am** or **9:50-10:35am**

Fee \$35 for members, \$ 60 for non-members

____ Session 3 July 6 – July 13 (last clinic on July 17) **8 - 8:45am** or **8:55-9:40am** or **9:50 - 10:35am**

Fee \$35 for members, \$ 60 for non-members

____ Session 4 July 20 – July 27 (last clinic on July 31) **8 - 8:45am** or **8:55-9:40am** or **9:50 - 10:35am**

Fee \$35 for members, \$ 60 for non-members

Fees for each session must be received to reserve a spot, first-come, and first-served; 8 players per time slot

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

Jamie Miller

331 Findlay Ave.

Canfield, Ohio 44406

ADVANCED YOUTH CLINIC REGISTRATION FORM

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Parent(s) Name _____ Phone _____

Email _____

Each session meets Monday, and Wednesday for two weeks. You may sign up for as many sessions as you like. (8 players per time slot)

**4 sessions listed, may add more in August

Check Sessions Please circle preferred time Fee

_____ Session 1 June 8 – June 15 (last clinic on June 17) **10:45am - 12pm** or **5 - 6:15pm**

Fee \$35 for members, \$ 60 for non-members

_____ Session 2 June 22- June 29 (last clinic on July 1) **10:45am - 12pm** or **5 - 6:15pm**

Fee \$35 for members, \$ 60 for non-members

_____ Session 3 July 6 – July 13 (last clinic on July 15) **10:45am - 12pm** or **5 - 6:15pm**

Fee \$35 for members, \$ 60 for non-members

_____ Session 4 July 20 – July 27 (last clinic on July 29) **10:45am - 12pm** or **5 - 6:15pm**

Fee \$35 for members, \$ 60 for non-members

Fees for each session must be received to reserve a spot, first-come, and first-served; 8 players per time slot

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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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Jamie Miller

331 Findlay Ave.

Canfield, Ohio 44406

Ladies' Tennis Team (and clinic) Registration Form

Name _____

Phone _____

Email _____

Ladies' Team practice will be held on Tuesdays beginning June 16th. Our team will have POWTA practice from 9:30 – 11:00 AM. Matches are on Thursday mornings.

Fee is \$20

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

Jamie Miller

331 Findlay Ave.

Canfield, Ohio 44406

Youth Tennis Team Tryout Clinic

These clinics are intended for those who are trying out for the team. These clinics are intended to give instruction to players who are interested in playing for the youth team. Sessions are June 1, 2 and 3 from 4-5 PM with a rain make-up day that is TBD. If unavailable, Emily can work with players outside of that time slot. The fee is \$45 per person.

Name _____ Age ____ Gender ____

Name _____ Age ____ Gender ____

Parent(s) Name _____

Phone _____

Email _____

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

Jamie Miller

331 Findlay Ave.

Canfield, Ohio 44406

ADULT PICKLEBALL CLINIC

This clinic is for anyone interested in learning how to play pickleball! We prefer beginners who are eager to learn how to play and want to understand the rules. This clinic is every Friday from 5pm to 6pm and starts on June 19th.

Bring your own paddle!

\$15 per cardio session

Check Sessions

June 19th Session _____

June 26th Session _____

July 3rd Session _____

July 10th Session _____

July 17th Session _____

July 24th Session _____

July 31st Session _____

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

Jamie Miller

331 Findlay Ave.

Canfield, Ohio 44406

TENNIS PLAYER INFORMATION

Full Name (first and last)	Date of Birth	Age on June 1	Sex M/F	Please list any allergies or medical conditions:	Does he/she take any medications? (Yes/No)	List of Medications child is taking:

EMERGENCY MEDICAL CONTACT INFORMATION

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Alternate Contact Information: In case of an *emergency* and a parent/legal guardian cannot be reached

Name _____ Phone _____ Relationship _____

MEDICAL CONSENT AUTHORIZATION: I hereby grant permission to Canfield Swim and Tennis Club to obtain medical and/or dental attention or treatment for the above listed swimmer(s) in the even of an emergency until I can be contacted. I release Canfield Swim and Tennis Club, and the Tennis League and each of their respected officers, agents, employees, members and any other persons in any way connected with this club from any and all liabilities, claims, demands, actions, or causes of action of whatever character arising out of or in connection with said event. Further the undersigned shall indemnify and hold harmless the host club and the officers, trustees, agents, employees and members of the forgoing and all other persons in any way and claims arising out of or in connection with any injury, including death, or alleged injury and damage to property sustained or alleged to have sustained in connection with or to arise out of said event.

YES TO CONSENT

NO TO CONSENT

Name _____ Signature _____ Date: _____