

USTA/MS/DD Junior Registration Form

Name _____ **Phone** _____

Address _____ **Zip** _____

Email _____ **Age** _____ **Birthdate** _____

Male _____ **Female** _____ (Check one) **School now attending** _____

Mini-Camp _____ **Lessons** _____ (Check one)

Court Location _____

Level _____

Time _____

Fee _____

Lessons cannot be made up. Make check payable to USTA/MS/DD. Bring check and completed entry form to first day of session, rain or shine. We reserve the right to adjust class schedules or to cancel classes for insufficient numbers. If this presents an inconvenience a refund will be given. I hereby agree not to hold the Delaware District of the USTA/MS, instruction staff, or schools liable for any personal injury or loss of property suffered by me, my son, or daughter arising out of or in connection with participation in any Delaware District tennis program.

Signature of Parent or Guardian _____ **Date** _____