

REGISTRATION FORM 2025

Players name	Age of player School					
Parent name	Contact #Email					
Playing experience	I	Play any other sp	oorts			
Goal in tennis:a) Do a s	a) Do a sport and have fun,			c) college te	eam	
d) Become pro o	ther, exp	lain				
Referred By		Tim	ne playing tennis			
Any medical conditions		if yes, p	lease explain			
Are you members of Forest Oaks						
Level of tennis : Minitennis	_ Minit	ennis elite	beginner	Int Adv _	elite	
Day preference M	TU_	W	TR	FR	<u> </u>	
LITTLE STARS (4-6 years old)	1.0 H	1x week	2 x week		3 x week	
LITTLE STARS (6-9 years old) 1.5H		1x week	2 x week		3 x week	
UNIOR STARTS 2		1x week	2 x week		3 x week	
HIGH INTENSITY 2H 3x w	eek	4 x week _	5 x week	doubles	session 5 days	
This is a registration and contrare accepting all the conditions 1 Parents can't interfere in any w 2 All players have to follow instruust ask the coach for permission 3 Players are expected to have etc. If any of these issues arise that sequence without any refunds 4 The players would have to atte approved by the operational mana 5 Make-up days will be responsementh	yay during uction of including good mache playes gend practinger.	g training: no coathe coach in channers during pror will first be wa	aching, no gestures,_arge. For safety reasonactice, no swearing, read, then suspended ays that he/she is ass	ons if the player no throwing race and then be te	has to leave the court he/sh quets, no spitting, no fighting erminated from the program in the changes would have to be presented.	
In order to register my child in beginning of each month.	the pro	ogram I agree t	o pay first and last	month and fro	om then on I will pay at th	
Forms of payment : zelle		Venmo _	App	le Pay	Check	
Paypal Cash		Cash app				
PARENT/ GUARDIAN				DAT	<u>-</u>	