

Junior Tennis Program 2024 - 2025 School Year

Athlete's Na	ame:				
Parent's Nai	me:				
Mailing Add	dress:				
City, State, 2	Zip:				
Parent's Cell Phone: Parent's Email Address:					
Athlete's DOB:		Age:	Grade:		
Is the athlet	e (not necessa	rily the parent) a DAG	C member? Ye	s No	
Emergency	Contact Info	rmation			
First/Last Na	ame:				
Cell Phone:					
Relationship	o to Member:				
A minor rele	ease waiver mu	ust be completed for	each minor partici	pant and be or	n record at
Season:	Early Fall	Late Fall Win	ter Spring		
Class:	Pee-Wee	FUNdamentals	Skills & Drills	Play Prep	Next Level
Day:		Time:			
 Mail Pay v To ensure q	in-person with this form in wi with a credit ca quality instruction	cash or a personal check. ard either in-person con, space is limited.	or over the phone. Registration is "firs		
If space is a	vailable and pa	registration period, aying after the regula	r registration dead	dline, add a \$20	
Parent Signature Tammi Warters or Makenna Haksasila, signature				Date Date	
. Siiiii V V ai	LO. O OI ITIGICOIII	.a ranoadina, digitatai	~		