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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **2018 Rancho Colorados**  **Summer Junior Tennis Team Application** | | | | | | | | | | | |
| **Child(ren)’s Name** | | | | **All Jrs are on Performance Team** | | | **(circle**  **one)** | | **Date of Birth** | | **Age as of 6/1** | **T-shirt Size\*** |
|  | | | | P | | | M F | |  | |  |  |
|  | | | | P | | | M F | |  | |  |  |
|  | | | | P | | | M F | |  | |  |  |
| **Rancho Membership #** | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| **Family Address** | | | | | | | | | | | | |
|  | |  | | |  |  | |  | |  | | |

\* T-shirt sizes: Youth Medium,Youth Large, Adult Small, Adult Medium, Adult Large, or Adult XL

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents’ Names** |  | **Email Address** *(mandatory)* |  |
| **Home Phone** |  | **Child’s Cell #** |  |
| **Mother’s Cell** |  | **Business Phone** |  |
| **Emergency Contact** |  | **Emergency Phone** |  |

**Healthcare Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor Name** | **Doctor’s Phone** | **Dentist’s Name** | **Dentist’s Phone** |
|  |  |  |  |
| **Insurance Provider** | **Policy #** | **List all Medical Conditions / Allergies** | |
|  |  |  | |

**Parent Volunteers** *(Volunteer help is essential to the success of he team. Please sign up for one job below.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * + ***Age Group Carpool Coordinator(Need 6 Volunteers)*** | * + Age Group Carpool Driver | * + Website Photographer | * + Awards Night | * + Coaches’ Gifts |  |

**Registration - Mail applications to Brian Berry, 788 Glenside Dr. Lafayette Ca. 94549. Registration closes May 1st…**

|  |  |
| --- | --- |
| **Make checks payable to Brian Berry. For Questions call**  **Kim McCann at 788-0022 or Brian Berry at 283-5448.** | * $375 for Rancho Colorados Members |
| * $475 for Non-Rancho Colorados Members |

I give my permission for the above child(ren) to participate on the Rancho Colorados Junior Tennis Team. I understand that NO INSURANCE is provided by the Rancho Colorados Tennis Team or Club. In case of emergency, you are authorized to have my child treated by a physician.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_