



Winter 2010 REGISTRATION FORM

Complete form and send with payment to the address ASAP!!

\$125 per player

Contact: info@djttt.org

PLAYER INFO

Name: Birth date:
Grade in Sept., 2008: Male Female Phone:
School Attending: Position on HS Team:
e-mail that I can access 24/7: I take lessons with/at:
T-Shirt Size: Youth Large Adult Small Adult Medium Adult Large Adult X- Large

USTA membership number

I would rate myself as: Intermediate Advanced Intermediate Advanced

I did not participate in Fall 2009, a local pro, coach or player of similar ability who can give a reference is:
Phone:

PARENT INFO

Parent/Guardian:
Street:
City State Zip
Home Phone Work/Cell Phone

PARENTS, WE NEED YOUR HELP - can you serve as:

Required: Coach Assistant Coach Match Volunteer (scorekeeper, set-up, etc.)

Committee Member (optional, but please consider):

- Publicity Coaches Banquet
Equipment Fundraising
Rules Venues

LIABILITY RELEASE

I/we agree to indemnify and hold harmless Delaware Junior Team Tennis Association, Inc., its officers, directors, members, coaches, representatives, tennis facilities, schools, and host venues for any injury or loss of property suffered from my child's participation (my participation if player is 18) arising out of or in connection with participation in the Delaware Junior Team Tennis Association, Inc. tennis program.

Parent/Guardian's Signature Date