



SPORTSMEN'S TENNIS
& ENRICHMENT CENTER
Tennis and Education for Life

Junior Tennis Clinic Application

Program Year: _____

Name: _____ Birth Date: ____/____/____

Male: ____ Female: ____ Age: ____ Ethnicity: _____

Address: _____

Town: _____ Zip: _____ Family Email: _____

Phone Number: _____ Alternate: _____

School: _____ BPS? Y/N Present Grade: _____

Free/Reduced Lunch Y/N Other Public Assistance? _____

Health Care Provider: _____ Policy #: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Food/Medication Allergy _____

Parent(s)/Guardian (Print): _____ (Sign): _____

Clinic: _____ Month: _____ Same level as prior month? Y/NO
If 'no', requires approval of Director before confirmation

Application is not complete without signatures on reverse and proof of payment attached.