



(TSPA Clinic Registration Form 2007)

Instructions: Please fill out all three parts (I, II and III) and the waiver form on the back. Returning members whose information has not changed, need not to fill out parts II and III. If you are registering siblings, fill out all three parts for the 1st child and only parts I and II for the other children. You may also register online at www.tspa.ca

Part I First name _____ Last name _____ Club member Non-member

All Tennis rank (please check one) (beginner) 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 (advanced)

Participants

Clinics Registration / Availability

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Saturday _____ Sunday _____

Would you like one hour 1.5 hours whatever is available Other Notes: _____

Registration for one lesson five lessons seven lessons 10 lessons other: _____

How many clinics per week would you like the child to participate in one two three

Part II Medicare # _____ Expiration date ____/____/____ Male Female

Medical Do you suffer from asthma? Yes No Specify _____

Does you have any allergies? Yes No Specify _____

Do you have any intolerance(s)? Yes No Specify _____

Please specify any other relevant medical information, special needs or requests

Part III Home address _____ Apt ____ City _____

New Postal code _____ Home phone number (____) _____ Child's email _____

Participants Date of birth: year _____ month ____ day ____ Age as of September 30th _____

Home (____) _____ Cell (____) _____ Other (____) _____ Specify
email _____ How did you find out about our program? _____

Other contact person in case of emergency _____ Relationship _____

I would like the email(s) to be added to TSPA's list for information & promotions Yes No

Part IV Father's name _____ Home (____) _____ Cell (____) _____

Jr.'s Only Work (____) _____ Other (____) _____ email _____

Mother's name _____ Home (____) _____ Cell (____) _____

Work (____) _____ Other (____) _____ email _____

Can the child leave alone? Yes No Is anyone else authorized to pick up the child Yes No
If yes, please specify their full names.
