

**Registration Form for Junior Tennis Camp and Clinics**

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

RELEASE: (Parent/Guardian must sign)

I/we will not hold any individual associated with the Scranton Tennis Club, its pro and his staff, any volunteers, or its Board of Directors responsible for any accident or injury incurred by my child while attending the Scranton Tennis Club.

Parent/Guardian signature: \_\_\_\_\_

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