

# Chesterbrook Junior Tennis Team 2009

## Registration New Player Form

### FAMILY INFORMATION

Parents' Names:		
Address:		
Home Phone:	Mother's Work/Cell Phone:	Father's Work/Cell Phone:
E-mail Address(es) -- will be used for Tennis team communication only:		
Emergency Contact:	Phone:	

### TENNIS PLAYER INFORMATION

Player #1 Name:		T-Shirt Size (not required, additional \$15):	
		<input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age on 6/1/09:
Prior Tennis Experience:			
<input type="checkbox"/> Tennis Team 2007 <input type="checkbox"/> Winter Tennis Program: _____			
Medical Conditions or Allergies We Should Know About:			
Player #2 Name:		T-Shirt Size (not required, additional \$15):	
		<input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age on 6/1/08:
Prior Tennis Experience:			
<input type="checkbox"/> Tennis Team 2007 <input type="checkbox"/> Winter Tennis Program: _____			
Medical Conditions or Allergies We Should Know About:			
Player #3 Name:		T-Shirt Size (not required, additional \$15):	
		<input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	Age on 6/1/08:
Prior Tennis Experience:			
<input type="checkbox"/> Tennis Team 2007 <input type="checkbox"/> Winter Tennis Program: _____			
Medical Conditions or Allergies We Should Know About:			

**See reverse side for dues calculation and mailing instructions**

**Chesterbrook Tennis Team 2009 Registration Form--Side 2**

**PARENT VOLUNTEER INFORMATION (MANDATORY)**

It takes many parents to successfully run Tennis meets and Tennis team events; fortunately, it's also a lot of fun! Please check your areas of interest on the list below.

<b>Volunteer Opportunities</b>	<b>Mother</b>	<b>Father</b>
<b>Carpooling Coordinator</b> (coordinates rides to away matches)		
<b>Age Group Contact Parent</b>		
<b>Public Relations</b> (make posters, update e-mail and publish match results)		
<b>Social Events</b> (help with potluck suppers, family fun day, end of year party coordinator)		
<b>Match Snack Coordinator</b> (coordinate parents to bring healthy snacks for matches)		

<b>\$xx DUES PER PLAYER</b>	<b>TOTAL TEAM DUES \$_____</b>
<b>T-shirt Size</b> <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL	
	<b>T-Shirt Total @\$15: \$_____</b>
<b>CHECK #:</b> _____	<b>CHECK TOTAL: \$_____</b>
<i>Please make checks payable to: <b>Chesterbrook Swimming &amp; Tennis Club</b> and note "Tennis Team Dues" in the lower left corner of the check.</i>	
<b>Thank you!</b>	

*Please return this form to :*

**Grace O'Grady, CST Tennis Rep.  
1831 Massachusetts Ave  
McLean, VA 22101**

**Questions? Contact your Tennis Team Reps: Grace O'Grady 703-209-6248, [gmogrady@verizon.net](mailto:gmogrady@verizon.net) or Murthy Kambhampaty 703-241-7713, [cheetahRep@majck.com](mailto:cheetahRep@majck.com)**

