

EL CERRITO 10 and Under JUNIOR TEAM TENNIS LEAGUE • SPRING 2012

PARTICIPANT INFORMATION:

First Name: _____ Last Name: _____ Birth Date: ____/____/____

Gender (circle): Male / Female Age: _____ (must be between 6-10yrs) School: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: (____) _____ Player's Email: _____

Self-Rating Ability (1-5): _____ (1-2 beginner, 3-4 intermediate, 5 advanced)

Shirt Size: Youth: S M L Adult: S M L

PARENT CONTACT INFORMATION (if different than above)

Name: _____

Phone: (____) _____ Cell Phone: (____) _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____

The El Cerrito Junior Tennis Program is a 100% volunteer effort and we need your help! Please consider being a coach or assistant coach. No tennis experience is necessary. Training is provided. Please indicate your area(s) of interest below. Thank You!....

Coach: Assistant Coach: Team Parent: Score Keeper: Other:

MEDICAL INFORMATION

Doctor's Name: _____ Phone: (____) _____

Health Plan and Number: _____

Known allergies and/or other health concerns: _____

MISCELLANEOUS

Additional Notes (preferred teammates etc.): _____

Contact Info: Margo Takemiya, margo.quickstart@gmail.com or (510) 524-3255
Registrations accepted beginning Feb 1-29 at El Cerrito Recreation dept or mail:
821 Shevlin Drive, El Cerrito, CA 94530
Make checks Payable to: El Cerrito Tennis Club