

**Durham-Orange Community Tennis Association**

**2009-10 GROUP ADULT/JUNIOR TENNIS CLINICS REGISTRATION**

\_\_\_\_\_ Jr. Development Program \_\_\_\_\_ Adult Program \_\_\_\_\_ Stay Fit and Healthy

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Office # \_\_\_\_\_ Cell# \_\_\_\_\_ Other # \_\_\_\_\_

Email Address \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_ NTRP Rating \_\_\_\_\_

I am a \_\_\_\_\_ beginner \_\_\_\_\_ intermediate \_\_\_\_\_ advanced player

I am \_\_\_ under 5; \_\_\_ under 8; \_\_\_ under 14; \_\_\_ 18 and under; \_\_\_ 19-49; \_\_\_ and over 50+

Lessons/Program Available (Make check payable and mail to: DOCTA, P. O. Box 61245, Durham, NC 27715). All fees are due before the clinic; but may be paid at the first class.

**Indoor Adult/Juniors – Fridays – 9:00 pm – 10:30 pm - \$275**

\_\_\_\_\_ Session IV: November 6, 2009 to March 26, 2010 - Duke Indoor Tennis Facility, Durham, NC

I, hereby, release the Durham-Orange Community Tennis Association, Durham Parks and Recreation, Duke University, USTA and all affiliates from any all responsibilities for illness or injury while travel to and from; and participation in the above clinics.

If participating in the Stay Fit and Healthy Program, I have received approval from my physician to participate in the program; and confirmed the amount/intensity of exercise needed to avoid any health risk during tennis play. I understand that I must provide written verification of this information with the registration or upon arrival to the first clinic on November 6. Please list any health risks that we may need to be aware of during this clinic:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date