

HOWELL PAL PRESENTS:



Registration Form For PAL Tennis

Please Circle Day and Time you want your child to participate

Tuesdays -4-5 & 5-6pm

Wednesdays - 4-5 & 5-6 pm

Thursdays - 4-5 & 5-6pm

When: Starting January 17, 2012 Thru March 8th 2012

Where: **Southard School Gym - 115 Kent Road, Howell NJ 07731**

Who: Grades K-8th Eligible

Cost: \$120.00 For the 8 week sessions

- Return registration form along with a check made payable to: PAL Tennis
C/O Howell PAL P.O. BOX 713, Howell NJ 07731
- All forms must be turned in by January 15th, 2012
- Any questions please contact Stacey or Michele @ 732-682-6128 or Howell PAL 732-919-2825

Parent Name _____ Phone# _____

Student Name _____ Grade _____ Teacher _____

Student Name _____ Grade _____ Teacher _____

School Name _____

E-Mail _____

Amount Enclosed _____ Check# _____ Cash _____ (checks payable PAL Tennis)

8 Week session must be paid in full at time of registration

I agree to let my child participate in tennis. I understand that there are certain risks of injury in the participation of this sport and I am willing to assume these risks. I confirm that my child is capable of participating in the PAL tennis program and that he/she is in good physical condition. In addition to giving full consent to my child's participation, I waive, release and hold harmless PAL tennis, its officers, coaches and representative for any injury that may be suffered by my child. I grant permission for my child to receive emergency medical treatment. I _____ agree.

(Parent/Guardian Signature)

