



Junior Tennis Clinics 2011 SIGN-UP SHEET

Name: _____

Address: _____

Phone #: _____

E-Mail Address: _____

Age: _____

Peewee _____

Rally _____

Competitive I: _____

Competitive II: _____

**Make checks payable to: Zalles Racquet Sports*

Waiver: I hereby agree to hold Bowditch Middle School, Raul Cossio, Reynaldo Zalles, Zalles Racquet Sports, their employees, and program/activity instructors from all liability that may arise as a result of my child's participation in the activities listed herewith. I understand that this activity may involve risk or accidental injury and hereby voluntarily assume such risks.

Signature of Parent or Guardian

Date



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E-Mail: zallesrs@gmail.com • www.zallesracquetsports.com

