

# JUNIOR ACADEMY SUMMER REGISTRATION

Please Print

Level of Play: Beg. Adv. Be In Adv.

Name:

Age:

Parents Name:

Home Phone:

Cell Phone:

Office Phone:

Address:

City:

State:

Zip:

Email:

Emergency Contact:

Phone

Pizza Permission Yes No

Photo Permission Yes No

Allergies/ Medical

**Session Registering for: (Please Circle)**

#1	AM	PM	ALL Day	PeeWee
#2	AM	PM	ALL Day	PeeWee
#3	AM	PM	ALL Day	PeeWee
#4	AM	PM	ALL Day	PeeWee
#5	AM	PM	ALL Day	PeeWee
#6	AM	PM	ALL Day	PeeWee
#7	AM	PM	ALL Day	PeeWee
#8	AM	PM	ALL Day	PeeWee
#9	AM	PM	ALL Day	PeeWee
#10	AM	PM	ALL Day	Pee Wee

**DEPOSIT \$100 per Week Required**

Card Number:

Expiration:

Code:

Signature:

Amount/ Date