

Sierra Madre Middle School Tennis Team

I am the parent of _____ . I give

Permission for my son/daughter to participate in the middle school tennis team program.

My son/daughter is in good health. Allergies: _____

I understand practices will be held on Tuesday & Thursday 2:45 p.m. – 4:15 p.m.

In the event of an emergency please contact:

Name: _____

Cell Phone: _____

Relationship: _____

Signature

Date

- I am available to help transport team members for away games. _____
- I can help with snacks. _____

Team Sponsored by Pasadena Tennis Association

www.tennispasadena.com

(626) 598-1170

