



Registration Form

- **Player Name:** _____
- **Address:** _____
- **Tel:** _____ **E-mail:** _____
- **Age:** _____
- **Years playing Tennis:** _____
- **National or State Rank:** _____

- **Level of Play:** Beginner _____ Intermediate _____ Advanced _____

Program and Package of choice:

- _____ **Tiger Clinics** *Full* _____ or *Semi* _____
- _____ **Junior Clinics** *Option 1* _____ or *Option 2* _____
- _____ **Advantage Program**
- _____ **Competitive Edge Program**
- _____ **Adult Programs**
- _____ **Private Coaching**
- _____ **ASAP Programs**

Semester of choice:

- _____ **Spring semester (A)**
- _____ **Summer semester (B1)**
- _____ **Summer semester (B2)**
- _____ **Fall semester (C)**

Preferred days for clinic attendance:

_____ Mon _____ Tue _____ Wed _____ Thu _____ Fri

Preferred days for Private attendance:

_____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun

ETC staff and coaches thank you for choosing the center, and you have our commitment to do our best to make your experience a memorable one.

The above enrollment is a full commitment to the entire assigned semester and a consent on your behalf that you will abide by all ETC's rules and regulations.

Player (Parent or Guardian if minor) signature: _____ **Date:** _____