



*Bucks County Tennis Association, Inc.*

*c/o 11 Bellwood Drive, Langhorne, PA 19053*

*Telephone and Fax: 215-322-6802*

*www.buckscounty.usta.com*

**PROGRAM REGISTRATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Age (if minor):: \_\_\_\_\_

Parent's Name (if minor): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

<i>Program site</i>	<i>Program session, name, dates, times</i>	<i>Fee</i>

Please return this completed form with payment to the BCTA at the above address. You can call the BCTA with any questions. Photos may be taken at BCTA activities. If you do not want your/your child's picture published, please notify the BCTA. The BCTA recommends that you check with your doctor before registering for a tennis program.

**RELEASE OF LIABILITY: ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM**

I, the parent/guardian of the above minor or myself submit that my child/I is/am able to participate in the above activity and waive the BCTA, its coaches, volunteers and affiliates of any responsibility of injury or illness.

**Signature**

**Date**