

**SONOMA VALLEY JUNIOR TEAM TENNIS LEAGUE
- PLAYER REGISTRATION FORM -**

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ Birth Date: ____/____/____
Gender (circle): Male / Female Age: _____ School: _____
Street Address: _____ City: _____ Zip: _____
Phone Number: _(____)_____ Player's Email: _____
Self-Rating Ability (1-5): _____ *(1-2 beginner, 3-4 intermediate, 5 advanced)*

PARENT CONTACT INFORMATION (if different than above)

Name: _____
Phone: _(____)_____ Cell Phone: _(____)_____
Street Address: _____ City: _____ Zip: _____
Email Address: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _(____)_____
Health Plan and Number: _____
Known allergies and/or other health concerns: _____

**Please send form and check to:
Lisa Biddle-Dedmore, c/o Sonoma Valley Junior Team Tennis
19201 Sonoma Hwy. #233 Sonoma, CA 95476**

**Sonoma Valley Junior Team Tennis League
Personal Release Form**

Player Name:

Team: _____

I, _____ ,

allow _____ ; do not allow: _____ the Sonoma Valley Junior Team Tennis League to use my child's image and name in photos or articles relating to the Sonoma Valley Junior Team Tennis Program.

Contact Information:

Name: _____

Address: _____

Phone: (_____) _____ Cell: (_____) _____

Signature: _____