

# Twin Farms Tennis Registration

**Camp** – 10 yrs old and under

Check **session** and check **member** or **non-member**

- |  |   |
|--|---|
| <input type="checkbox"/> June 18 – 22 (9am-12pm) | <input type="checkbox"/> Member (\$90)      |
| <input type="checkbox"/> July 9 – 13 (9-12)      |   |
| <input type="checkbox"/> July 23 – 27 (9-12)     | <input type="checkbox"/> Non-Member (\$120) |

**Group Lessons – Check level type & time(s):**

Adult (15 yrs old and up)

- Beginner  
Monday (8-9pm)
- Intermediate  
Monday (9-10pm)

Youth (14 yrs old and below)

Check **level** and **time**.

- Beginner
  - Wednesday (10-11am)
  - Friday (10-11am)
- Intermediate
  - Wednesday (11-12pm)
  - Friday (11-12pm)

**Circle Date(s) of Lessons:**

Adult:  
Monday 6/25 7/16 7/30

Youth:  
Wed 6/27 7/18 8/1  
Fri 6/29 7/20 8/3

\* ALL 1 HOUR LESSONS ARE  
**\$12 PER PERSON**

Name \_\_\_\_\_ Age \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

**Payment by check only please, made out to:**

Pls. Send to: Twin Farms Swim & Tennis Club  
P.O. Box 4114  
Silver Spring, MD 20914

Signature \_\_\_\_\_

By signing, agreement to payment is understood.

# Twin Farms Tennis Camp

## Health Form

To ensure the safety of your child, please take the time to fill out important information regarding their Health. Thank You!

Child Name \_\_\_\_\_

Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ (work)  
 \_\_\_\_\_ (home)  
 \_\_\_\_\_ (cell)

Doctor Name \_\_\_\_\_

Doctor Phone No. \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Does your child have any allergies?

\_\_\_\_\_

Does your child have asthma? YES NO  
 If YES, is he/she holding an inhaler? YES NO

Are there any prescription medications that we need to know about?  
 YES NO  
 If YES, pls contact Racel DeGuzman

Does your child have any other health conditions that we must be aware of?

\_\_\_\_\_

\*\* By signing this form, you agree that the above information is filled correctly to ensure the health and safety of your child\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

For information contact:  
 Racel DeGuzman (instructor) OR Todd Hines (rep)  
 No.: (240) 604-7613 (301) 879-8656  
 e-mail: [mayumi1girl@yahoo.com](mailto:mayumi1girl@yahoo.com) toddnemily@comcast.net