



2020 JUNIOR TEAM TENNIS PARTICIPANT AGREEMENT



*Because of cancellation of the USTA JTT League
Lewis Tennis will be holding an in house JTT League*

USTA # if available _____
First Name _____ Last Name _____
Parent/Guardian _____ Parent Cell Phone _____
Address _____
City _____ State _____ Zip _____
Date of Birth (mm/dd/yyyy) _____ Gender _____
E-mail _____
Home Phone _____ Player Cell Phone _____
Age Player will be on August 3, 2019 _____

PRACTICES WILL BE HELD EACH WEDNESDAY STARTING JUNE 10 THRU JULY 29.

PRACTICES ARE HELD WEDNESDAYS 1:30-3:00PM WE MAY ADD ANOTHER PRACTICE TIME AT 3:00-4:30PM IF NEEDED.

MATCH DATES AND TIMES WILL BE AVAILABLE ASAP

I, _____, AM COMMITTED TO ATTENDING THE DATES CHECKED ABOVE AND WILL ADVISE THE TEAM PARENT OR COACH 72 HOURS (3 DAYS) PRIOR TO ANY CANCELLATION AND WILL ASSIST IN FINDING A SUBSTITUTE IF NEEDED.

PARTICIPANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE



I would like to be a parent volunteer to assist with the team

**PLEASE FILL OUT FORM and EMAIL to annie@lewistennis.com or
MAIL TO: Lewis Tennis School, PO BOX 1207, Laporte, CO 80535**