

**Clinic Registration Form**

Adult       Junior\*

\*Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:  Male    Female   Age: \_\_\_\_\_ (optional)   Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please provide a detailed description of any medical/allergies or physical conditions we should be aware of:* \_\_\_\_\_

*Please check here to authorize Yonkers Tennis Center to use pictures/videos taken of you for our brochures, mailings and website!*

**Player Evaluation Info**

Evaluation Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pro: \_\_\_\_\_

Evaluation Level: \_\_\_\_\_ Player Comparison: \_\_\_\_\_

Day/Time Preferences: \_\_\_\_\_

Notes: \_\_\_\_\_

**Class Options:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Programmer Communication with Player:**

Spoke \_\_\_\_\_  
 Left Message \_\_\_\_\_  
 Sent Email \_\_\_\_\_

**Clinic Placement Info**

Final Clinic Day: \_\_\_\_\_ Time: \_\_\_\_\_ Court # \_\_\_\_\_ Pro: \_\_\_\_\_

Start Date: \_\_\_\_\_ # of Weeks: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Payment: In full \_\_\_\_\_ Auto-Pay Program \_\_\_\_\_ (see our Clinic Payment Form)