



Junior Tennis Program SIGN-UP SHEET

Name: _____

Address: _____

Phone #: _____

E-Mail Address: _____

Age: _____

Peewee _____

Rally _____

Competitive I: _____

Competitive II: _____

**Make checks payable to: Zalles Racquet Sports*

Waiver: I hereby agree to hold Bowditch Middle School, Raul Cossio, Reynaldo Zalles, Zalles Racquet Sports, their employees, and program/activity instructors from all liability that may arise as a result of my child's participation in the activities listed herewith. I understand that this activity may involve risk or accidental injury and hereby voluntarily assume such risks.

Signature of Parent or Guardian

Date



969C Edgewater Blvd., (Edgewater Shopping Center)
Foster City, CA 94404
Tel. (650) 345-9727 • Fax: (650) 345-0407
E-Mail: zallesrs@gmail.com • www.zallesracquetsports.com

