



Taos Tennis at Quail Ridge – Taos Tennis LLC

2024 Summer Youth Program Registration Form

please circle one

Shorty Swatters

Teen Tennis

Participant Information:

Name: _____

Birthdate: _____

School: _____

Age: _____

Grade: _____

Gender: _____

Parent or Guardian Information:

Name: _____

Phone: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

I understand and agree that Taos Tennis at Quail Ridge – Taos Tennis LLC assumes no liability for injuries that my child may sustain; & further that I will hold Taos Tennis at Quail Ridge – Taos Tennis LLC and its employees harmless. I will also notify the acting manager if my child requires special services or is ill or is taking medication.

Parent or Guardian Signature: _____

Print Name: _____

Date: _____

