

# TAOS TENNIS

Taos Tennis at Quail Ridge – Taos Tennis LLC

2024 Fall Youth Program Registration Form

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**Participant Info -**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

**Parent or Guardian Info –**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact –**

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*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:** \_\_\_\_\_

