

SOUTH BRUNSWICK REGISTRATION FORM 2011

PLEASE PRINT CLEARLY

Name: _____

Sex: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Parent name: Mr or Ms _____
(PLEASE CIRCLE ONE – First and last name needed)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact: _____

Class: _____ Day: _____ Time: _____ Price: _____

Amount Paid: _____ Date Paid: _____ Paid How: _____

I hereby consent to allow my child or myself to be treated at the Medical Center of Princeton in case of an emergency. I hereby agree not to hold Tennis Network or Princeton Racquet Club liable for any personal injury, damage to, or loss of property suffered to my child or myself. I hereby give my permission to Princeton Racquet Club to publish photographs of my child or myself on the PRC website and in PRC brochures.

Signature _____ Date _____

**Princeton Racquet Club
150 Raymond road
Princeton, NJ 08540
(732) 329-6200**