

RMS TENNIS CLUB

Student Membership Form

Please complete the following form and include ALL information

Participant Name: _____ **Grade:** _____

Participant's level of play/experience:

Parent Signature: (I hereby give my son/daughter permission to participate in the RMS Fall/Spring Tennis Club and acknowledge and assume any risk of injury during this activity).

Contact Phone Numbers:

Mom's Cell: _____

Mom's email: _____

Dad's Cell: _____

Dad's email: _____

Emergency Contact (Name & Phone #): _____

***Please be sure to accept an emailed Google Classroom invite from Coach Wild**

Additional Information: (Personal concerns, allergies, medications, outdoor risks, etc.)

Thank you for completing this form. All of your information is for my records in case I need to contact you – Coach Wild. I can be reached at bwild@readington.k12.nj.us