



**2010 CITY OF HIGHLAND HEIGHTS  
TENNIS PROGRAM REGISTRATION FORM  
Brian Smallwood, Tennis Director - 440-339-0271**

NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

E-Mail (Required): \_\_\_\_\_

HIGHLAND HEIGHTS' RESIDENT \_\_\_\_\_

NON RESIDENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT'S WORK PHONE \_\_\_\_\_

**PLEASE CHECK A COURSE, A SESSION AND A DAY OF THE WEEK OPTION**

_____	<b>COURSE</b>	<b>CLASS TIMES</b>
_____	Beginner	9:00 - 10:00 am
_____	Intermediate	10:00 - 11:00 am
_____	Advanced Intermediate	11:00 - 12:00 Noon
_____	Advanced	12:00 - 1:00 pm
_____	Adult Program	7:00 - 8:30 pm

\_\_\_\_\_ **EARLY BIRD SESSION - SATURDAYS 5/22, 5/29, 6/5, 6/12 (See class times above)**

\$40 Resident Fee      \$65 Non-Resident

\_\_\_\_\_ **SESSION ONE (Wks. of June 14, June 21, & June 28) Resident Fee      Non-Resident Fee**

\_\_\_\_\_ OPTION 1A    2 days   Mondays & Wednesdays      \$40 Resident Fee      \$ 65 Non-Resident

\_\_\_\_\_ OPTION 1B    2 days   Tuesdays & Thursdays      \$40 Resident Fee      \$ 65 Non Resident

\_\_\_\_\_ OPTION 1C    4 days   Mon., Tues., Wed. & Thurs.      \$80 Resident Fee      \$130 Non-Resident

\_\_\_\_\_ ADULT PROGRAM    2 days   Mondays & Thursdays      \$40 Resident Fee      \$ 65 Non-Resident

\_\_\_\_\_ **SESSION TWO (Wks. of July 12, July 19 July 26) Resident Fee      Non-Resident Fee**

\_\_\_\_\_ OPTION 2A    2 days   Mondays & Wednesdays      \$40 Resident Fee      \$ 65 Non-Resident

\_\_\_\_\_ OPTION 2B    2 days   Tuesdays & Thursdays      \$40 Resident Fee      \$ 65 Non Resident

\_\_\_\_\_ OPTION 2C    4 days   Mon., Tues., Wed. & Thurs.      \$80 Resident Fee      \$130 Non-Resident

\_\_\_\_\_ ADULT PROGRAM    2 days   Mondays & Thursdays      \$40 Resident Fee      \$ 65 Non-Resident

*Each child must have their own registration form. A pool pass and/or valid driver's license ID is required as proof of residency.*

I agree to participate or have a family member participate in Highland Heights Recreation Programs and acknowledge that such activities present the possibility of injury. I hereby release the City of Highland Heights, its officials and employees, from any and all claims of liability for injuries, medical expenses and other damages and losses, including legal fees that result from participation in said programs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Paid \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Please Circle: Pd. in Cash or Pd. By Check