



**2010 CITY OF HIGHLAND HEIGHTS
TENNIS PROGRAM REGISTRATION FORM
Brian Smallwood, Tennis Director - 216-339-5911**

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

_____	COURSE	CLASS TIMES
_____	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