



2021 CITY OF HIGHLAND HEIGHTS TENNIS PROGRAM REGISTRATION FORM



Register by mail by returning this registration form with your check to the
City of Highland Hts., 5827 Highland Road, Highland Hts., OH 44143
or drop off at City Hall during business hours or
Register online at www.highlandhts.com

NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY, STATE AND ZIP _____

E-Mail (Required): _____

HIGHLAND HEIGHTS RESIDENT _____ NON RESIDENT _____

HOME/CELL PHONE _____ PARENT'S WORK PHONE _____

**PLEASE CHECK A COURSE, A SESSION AND A DAY OF THE WEEK OPTION
AND CIRCLE RESIDENT FEE OR NON-RESIDENT FEE**

	<u>COURSE</u>	<u>CLASS TIMES</u>	
_____	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	
_____	SESSION ONE (Weeks of June 7, 14, & 21)	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
_____	SESSION TWO (Weeks of July 6, 12, & 19)	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

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.

Signature: _____ Date: _____

***Payment enclosed by:** Check or Charge to Credit Card # _____ Exp. ____ / ____

Name as it appears on credit card _____ CVV# _____

*** If paying by credit card, a \$3.00 convenience charge will be added to the total.**

Total Paid \$ _____

For Office Use:

Date Paid _____ Amt. Paid _____ Paid in Cash _____ Paid by Check # _____ Paid by Credit Card _____