



2010



B.C.T.A. FALL JUNIOR TENNIS LEAGUE



SEPTEMBER 7, 2010 - OCTOBER 28, 2010

TUESDAYS AND THURSDAYS

3:30 P.M. TO 5:00 P.M.

DEADLINE TO REGISTER IS SEPTEMBER 3, 2010



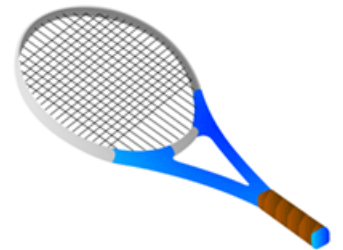
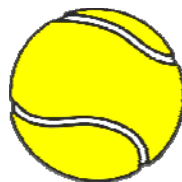
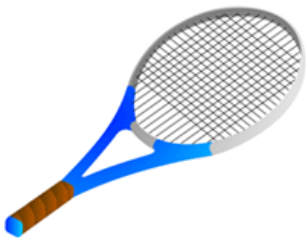
AGES: 11 - 14 YEARS OLD

PARTICIPANTS WILL HAVE ONE PRACTICE PER WEEK

ONE MATCH PER WEEK

PARTICIPANTS REPORT TO SHALLOTTE OR SMITHVILLE

PARK ON SEPTEMBER 7, 2010.



**SPONSORED BY: BRUNSWICK COUNTY TENNIS ASSOCIATION
BRUNSWICK COUNTY PARKS AND RECREATION**

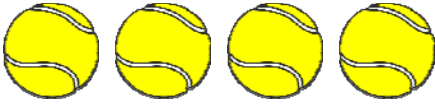
**REGISTRATIONS WILL BE
TAKEN AT THE BRUNSWICK
COUNTY PARKS AND
RECREATION
IN BOLIVIA AT THE
GOVERNMENT COMPLEX /
BUILDING M
MONDAY THRU FRIDAY
8:30 A.M. - 5:00 P.M.**

REGISTRATION FEE: \$30.00 EACH

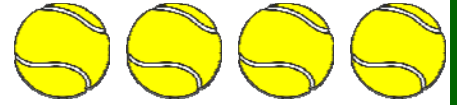
**MAIL APPLICATIONS TO:
BRUNSWICK COUNTY PARKS
AND RECREATION
ATTN: BRIAN MOORE / AARON
PERKINS
P.O. BOX 249
BOLIVIA, NC 28422**

WWW.BRUNSCO.NET

PHONE: (910) 253-2670



ATHLETIC REGISTRATION FORM



Brunswick County Parks & Recreation Department

NAME: _____ M/F: _____
(LAST) (FIRST) (MIDDLE)

BIRTHDATE: _____ AGE: _____
(MONTH) (DAY) (YEAR)

MAILING ADDRESS: _____
(STREET or P.O. BOX)

(CITY) (ZIP)

PHONE: _____ EMAIL: _____ @

EMERGENCY PHONE/CONTACT: _____

Location (please check)
Smithville Park _____ Shallotte Park _____

PLEASE LIST ANY ALLERGIES OR PHYSICAL PROBLEMS THAT THE TENNIS COACHES SHOULD BE AWARE OF:

T-Shirt Size: Youth Small Youth Medium Youth Large Adult Small

If you need another size please fill in: _____

PARENT / GUARDIAN IS INTERESTED IN SERVING AS A COACHING ASSISTANT? IF YES, PLEASE CHECK

AS A PARENT OR GUARDIAN, I GIVE MY CONSENT FOR THE ABOVE NAMED TO PARTICIPATE IN THIS ACTIVITY. I THEREFORE RELEASE BRUNSWICK COUNTY TENNIS ASSOCIATION, ITS MEMBERS, VOLUNTEERS AND THE BRUNSWICK COUNTY PARKS AND RECREATION, ITS OFFICERS, EMPLOYEES OR AGENTS, FROM ANY AND ALL LIABILITY AND RESPONSIBILITY FOR ANY ILLNESS, INJURY, ACCIDENTAL DEATH OR DAMAGE TO PERSONAL PROPERTY SUSTAINED IN THE ABOVE ACTIVITY.

EMAIL & PHONE NUMBER CONSENT:
AS A PARENT OR GUARDIAN, I GIVE PERMISSION TO SHARE MY EMAIL ADDRESS AND PHONE NUMBER IN A PLAYER ROSTER TO BE SHARED WITH MY CHILD'S COACHES AND TEAMMATES.

YES, I GIVE PERMISSION: _____ NO, I DO NOT GIVE PERMISSION: _____

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R or B.C.T.A. web site, program advertisements, video for purposes of televising program and any other medium used strictly to promote Brunswick County Parks and Recreation as well as the Brunswick County Tennis Association.

PARENT OR GUARDIAN

DATE

MAIL TO: BCP&R / ATTN: BRIAN MOORE / P.O. BOX 249 / BOLIVIA, NC 28422 FAX: 910-253-2684

FOR OFFICE USE ONLY

Fee: \$30.00 Cash: _____ Check: _____ Check #: _____

Date: _____ Receipt: _____