

Hopedale Park Commission  
P.O. Box 7, Town Hall, Hopedale, MA 01747  
508-634-2203 x302 / [parks@hopedale-ma.gov](mailto:parks@hopedale-ma.gov)

## 2018 Park Department Tennis Registration

### CONTACT INFORMATION (Parent or Guardian)

Name: \_\_\_\_\_ \*Signature (required): \_\_\_\_\_

\* By signing this form I waive the Town of Hopedale, it's representatives and employees, from any liability or damages resulting from injuries incurred to family participants as a direct or indirect result of participation in this program; and that I have read and agree to abide by all program guidelines.

Address: \_\_\_\_\_ Email (required): \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Do you use Twitter? *circle* Y / N

Emergency Contact Name and Phone #: \_\_\_\_\_

Any known allergies or health concerns for any applicants? \_\_\_\_\_

**PARTICIPANTS** Total # Per Family: \_\_\_\_\_ Total Check Amount: \_\_\_\_\_

**Intro Program: \$10 per child (Ages 4-6) Youth: \$30 first child, \$10 each additional/per session**

**Adult: \$70 per session**

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

Session(s) *circle*: 1 2 3 (limit 2)

Time(s): \_\_\_\_\_

Level *circle*: INTRO BEG INT ADV CHP ADULT

NAME \_\_\_\_\_ Age: \_\_\_\_\_

Session(s) *circle*: 1 2 3 (limit 2)

Time(s): \_\_\_\_\_

Level *circle*: INTRO BEG INT ADV CHP ADULT

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

Session(s) *circle*: 1 2 3 (limit 2)

Time(s): \_\_\_\_\_

Level *circle*: INTRO BEG INT ADV CHILD ADULT

NAME \_\_\_\_\_ Age: \_\_\_\_\_

Session(s) *circle*: 1 2 3 (limit 2)

Time(s): \_\_\_\_\_

Level *circle*: INTRO BEG INT ADV CHILD ADULT

**Drop off form with payment (Check only - NO CASH) at Town Hall or mail to:**

**Park Dept. Tennis, Town Hall, PO. Box 7 Hopedale, MA 01747**

Park Dept Use: Rcvd By: \_\_\_\_\_ Date: \_\_\_\_\_ CH#: \_\_\_\_\_ Total: \_\_\_\_\_