



VILLAGE OF WALDEN  
RECREATION & PARKS DEPARTMENT  
1 MUNICIPAL SQUARE, WALDEN, NY 12586  
845-778-2655

2014 TENNIS LESSONS REGISTRATION

CHILD'S NAME: \_\_\_\_\_

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

PARENT'S TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE AS OF MAY 13, 2014 \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? IF SO PLEASE  
STATE BELOW (ALLERGIES, ASTHMA, ETC):

---

---

**PLEASE BE ADVISED:  
NO MEDICAL INSURANCE PROVIDED BY THE VILLAGE OF WALDEN**

I, THE UNDERSIGNED, HEREBY RELEASE ANY AND ALL CLAIMS THAT I MAY  
HAVE AGAINST THE VILLAGE OF WALDEN, THEIR OFFICIALS, EMPLOYEES  
AND VOLUNTEERS.

PD CASH \_\_\_\_\_  
CHECK# \_\_\_\_\_  
RCPT # \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE