

*Saints Rose of Lima School & St. Rose & Clements Parish*  
*CAL Tennis Registration Form*  
*2016 – 2017 Season*

*If you will be in grades 6, 7 or 8 next year and are interested in joining the Tennis team, please complete the form below and return it to school/Parish August 1<sup>st</sup> or by the end of the school year.*

*The 2016/17 season will begin in early September and concludes at the end of October, 2016. We would like to start practices in August. We would also welcome any parents interested in helping!*

*If you have any questions, please contact Brigitte Berube 401-636-1963 or via email [brigitteberube0321@gmail.com](mailto:brigitteberube0321@gmail.com)*

**Player Information:**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player's Address: \_\_\_\_\_

Parent's Address (if different): \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Cell #: \_\_\_\_\_ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Father's e-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home \_\_\_\_\_

Cell #: \_\_\_\_\_ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Mother's e-mail address: \_\_\_\_\_

Any medical condition player's coach should be aware of? \_\_\_\_\_

**Player's T-shirt Size:**

Y - Small \_\_\_\_\_ Y-Med \_\_\_\_\_ Y - Large \_\_\_\_\_

A - Small \_\_\_\_\_ A \_ Med \_\_\_\_\_ A - Large \_\_\_\_\_ A- XL \_\_\_\_\_

**Player's Short Size: (Youth and Adult Sizes)** \_\_\_\_\_

**Costs:**

Grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> \$40 per player

Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

**Checks to be made out to: ST. Rose of Lima School**

**\*\*\*\* SIGN PERMISSION FORM ON REVERSE SIDE \*\*\*\*\* Year End  
Celebration will be held on June 9<sup>th</sup> 2017 \*\*\***