

Fox Mill Woods 2001 Junior Tennis Program

The Fox Mill Woods junior tennis program is off and running. We have our two great Tennis PROs, Dave Rothschild and Brian Tenenhaus back again this year. Fox Mill Woods junior boys and girls will play in the Northern Virginia League with matches starting in late June and continuing through the end of July.

Boys and girls age groups are; 10-12, 13-14, 15-16. Each age group will play two singles and one doubles match. Team members will wear white shorts or skirts and our club T-shirt for all matches. Team practice will start in May.

The cost for team dues for this year is \$40.00. Please make checks payable to Fox Mill Woods Swim & Tennis and complete the registration form below. Bring the completed registration, including the medical release, to the open house or mail it to the appropriate team representative.

For More information please call or see your junior tennis representative at the Open House.
The Open House is Saturday, May 19th from 11am to 3pm.

Fox Mill Woods Junior Registration 2001

Name: _____

Address: _____

Phone: _____ Name of Parent(s) _____

Circle One: Boys Team Girls Team

Parent Help: _____ Drive to Matches? Y N
Do you need a T-shirt? Y N If yes what size? S M L XL

Dates Unavailable for Matches: 6/20 6/27 7/4 7/11 7/18 7/25

FOX MILL WOODS TENNIS TEAM
Medical Release Form

I hereby waive and release any and all claims that I may have against any Coach of Fox Mill Woods Swim and Tennis Club, Inc., and any Team Representative of Fox Mill Woods Swim and Tennis Club, Inc., or any member of the Board of Directors of Fox Mill Woods Swim and Tennis Club, Inc., acting on behalf of my child with regards to any accident, injury, or sickness that may occur while my child is under the direction and control of the Fox Mill Woods Tennis Team.

Child's Name _____

Insurance Carrier _____

Policy Number _____

Until such time as I can be reached and am present at the accident site, the following are designated to act on my behalf: Team Representatives Dave Rothschild and Brian Tenenhaus.

Physician _____

Address _____

Phone Number _____

Known Allergies _____

Current Medications _____

Emergency Contacts

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent/Guardian (print) _____

Parent/Guardian (signature) _____