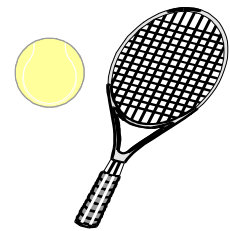




*Blau-Weiss Tennis Club*  
 Donauschwaben German-American Cultural Center  
 7370 Columbia Road, Olmsted Township, Ohio 44138  
 Mailing Address: P O Box 38160 Olmsted Falls, Ohio 44138  
 (440) 235-2646



## 2009 Registration Form for *Monday Night Tennis* at Lenau Park

(One form per child)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

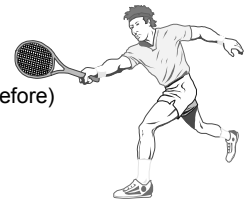
City \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Child's Level of Play:  
(Circle One)

Beginner  
(Never Played Before)

Beg. Advanced  
(Plays Occasionally)

Intermediate  
(Has Had Lessons Before)



To help the instructor prepare for lessons, describe your child's ability to play tennis,  
(Can they hit a Forehand, Backhand, Serve, Volley? etc.)

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Parents' Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

List Allergies, or other Medical Conditions: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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I am interested in being a volunteer \_\_\_\_\_ Phone \_\_\_\_\_

**Waiver:** I, the undersigned, hereby give my consent for my child to participate in the Blau-WeissTennis Lesson Program. I understand that the Donauschwabens' German-American Cultural Center, the Blau-Weiss Tennis Club, and the Society of the Danube Swabians, its officials, officers, employees and/or volunteers assume no liability for my child while participating in or traveling to or from this program. I also certify that my child is covered by medical health insurance and agree in case of accident to allow my child to be transported to the nearest medical facility by Emergency Medical Service/Olmsted Township Fire Department.

"Finally, fully recognizing the possibility of physical injury associated with the activity which my child desires to participate in, I hereby release, discharge, and hold harmless the Donauschwabens' German-American Cultural Center, the Blau-Weiss Tennis Club, and the Society of the Danube Swabians and its officials, officers, employees, and volunteers, from and against any and all claims for property damage and/or personal injury arising out of my child's participation in this activity."

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
Date

John Szeltner at (440) 734-3676 or hszeltner@wowway.com

<http://www.donauschwabencleveland.com/>

June 15, 22, 29  
July 6, 13, 20

\$10.00 per child. Checks made payable to Blau-Weiss Tennis Club