



COAN TENNIS ASSOC. TENNIS PARTICIPANT
(One time \$10 registration fee for each adult over 18 years of age)

DATE _____

NAME _____
(last) (first) (middle)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL NUMBER (____) _____ HOME NUMBER (____) _____

E-MAIL ADDRESS _____

For children participating, list names and ages

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

IN CASE OF EMERGENCY

Contact Person _____ Relation _____

Address _____
(street) (city) (state) (zip)

Family Physician _____ Telephone _____
(name)

Please list any medical conditions, i.e, allergies/medications in case of illness.

COAN RECREATION CENTER
1530 WOODBINE AVENUE
ATLANTA, GA 30317
(404) 916-0721
www.coantennis@hotmail.com
www.mycoantennis.org

I grant permission to Coan Tennis Assoc. Inc. to use myself and minor children's name, likeness and identity in any photography, video clips, recordings, or any record of this program in any media form for any legitimate promotional purpose. By signing below, I agree to the above for myself and minor children (if applicable)

Participant, Parent or Guardian Signature: _____