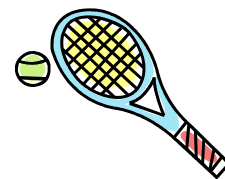


## 2018 CITY OF HIGHLAND HEIGHTS TENNIS PROGRAM REGISTRATION FORM



Register by mail by returning this registration form with your check to the City of Highland Hts., 5827 Highland Road, Highland Hts., OH 44143 or drop off at City Hall during business hours or Register online at [www.highlandhts.com](http://www.highlandhts.com)

NAME \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

E-Mail (Required): \_\_\_\_\_

HIGHLAND HEIGHTS RESIDENT \_\_\_\_\_

NON RESIDENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT'S WORK PHONE \_\_\_\_\_

**PLEASE CHECK A COURSE, A SESSION AND A DAY OF THE WEEK OPTION  
AND CIRCLE RESIDENT FEE OR NON-RESIDENT FEE**

	<u>COURSE</u>	<u>CLASS TIMES</u>	
_____	Beginner	9:00 - 10:00 am	
_____	Intermediate	10:00 - 11:00 am	
_____	Advanced Intermediate	11:00 - 12:00 Noon	
_____	Advanced	12:00 - 1:00 pm	
_____	<b>SESSION ONE (Weeks of June 4, 11, &amp; 18)</b>	<b>Resident Fee</b>	<b>Non-Resident Fee</b>
_____	OPTION 1A 2 days Mondays & Wednesdays	\$40 Resident Fee	\$ 65 Non-Resident
_____	OPTION 1B 2 days Tuesdays & Thursdays	\$40 Resident Fee	\$ 65 Non Resident
_____	OPTION 1C 4 days Mon., Tues., Wed. & Thurs.	\$80 Resident Fee	\$130 Non-Resident
_____	<b>SESSION TWO (Weeks of June 25, July 2, &amp; 9)</b>	<b>Resident Fee</b>	<b>Non-Resident Fee</b>
_____	OPTION 2A 2 days Mondays & Wednesdays	\$40 Resident Fee	\$ 65 Non-Resident
_____	OPTION 2B 2 days Tuesdays & Thursdays	\$40 Resident Fee	\$ 65 Non Resident
_____	OPTION 2C 4 days Mon., Tues., Wed. & Thurs.	\$80 Resident Fee	\$130 Non-Resident

***Each child must have their own registration form. A pool pass and/or valid driver's license ID is required as proof of residency.***

I agree to participate or have a family member participate in Highland Heights Recreation Programs and acknowledge that such activities present the possibility of injury. I hereby release the City of Highland Heights, its officials and employees, from any and all claims of liability for injuries, medical expenses and other damages and losses, including legal fees that result from participation in said programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Payment enclosed by:** Check or Charge to Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Name as it appears on credit card \_\_\_\_\_ CVV# \_\_\_\_\_

**\* If paying by credit card, a \$3.00 convenience charge will be added to the total.**

**Total Paid \$ \_\_\_\_\_**

For Office Use:

Date Paid \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Paid in Cash Paid by Check # \_\_\_\_\_ Paid by Credit Card