

TAOS TENNIS

Taos Tennis at Quail Ridge – Taos Tennis LLC

2025 Youth Program Registration Form

Participant Info -

Name: _____ Birthdate: _____

Grade: _____ School: _____ Gender: _____

Parent or Guardian Info –

Name: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact –

Name: _____

Relationship: _____ Phone: _____

I understand and agree that Taos Tennis at Quail Ridge – Taos Tennis LLC assumes no liability for injuries that my child may sustain; & further that I will hold Taos Tennis at Quail Ridge – Taos Tennis LLC and its employees harmless. I will also notify the acting manager if my child requires special services or is ill or is taking medication.

Parent or Guardian Signature: _____

Print Name: _____ Date: _____

