



**JUNIOR TENNIS AND ACTIVITIES PROGRAM REGISTRATION FORM**

Child Name (First, Last): \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Mailing Address: \_\_\_\_\_

Parent Names: \_\_\_\_\_ 2. \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Cell Phone 2: (    ) \_\_\_\_\_

Home Phone:(    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please provide any medical conditions, allergies or injuries coaches need to be aware of:

\_\_\_\_\_

**CLASS ENROLLMENT**

Tennis     Activities

Class Name? \_\_\_\_\_

Class Time? \_\_\_\_\_

**PAYMENT**

Payment Enclosed: \_\_\_\_\_

Currently we are only accepting checks or cash.    Make checks payable to: ActiClub LLC

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Disclaimer must be signed to accept registration:

I acknowledge the class attendance policy and the Parent/guardian acknowledge all fees are strictly non-refundable. Fees will only be refunded if the application is not accepted.

I give permission for my child to attend the above registered class and understand that whilst every care will be taken to avoid incident, I acknowledge that injuries or accidents may occur. Granting this, I will not hold ActiClub LLC its staff, partners or volunteers responsible for injury damage, and or loss of property and or accident.

I also give permission for ambulance & medical attention for my child should the need arise and will accept the costs as my own. The Parent/guardian acknowledge all fees are strictly non-refundable. Fees will only be refunded if the application is not accepted.

I have read and understand this waiver of my legal rights and that of the participant.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_