



ADULT TENNIS AND FITNESS PROGRAM REGISTRATION FORM

Name (First, Last): _____

Mailing Address: _____

Home Phone: () _____ Cell Phone : () _____

E-mail Address: _____

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

CLASS ENROLLMENT

TENNIS FITNESS YOGA PILATES

Class Name? _____

Class Time? _____

PAYMENT

Payment Enclosed: _____

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

Disclaimer must be signed to accept registration:

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

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

SIGNATURE: _____ DATE: _____