TENNIS KIDS
STUDENT INFORMATION

NAME:
D.O.B. AGE:
LEFT/RIGHT HANDED
NEIGHBORHOOD:
CLASS:
DAY:
TIME:

PARENT INFORMATION

NAME(S):
ADDRESS:
EMERGENCY CONTACT:
RELATIONSHIP:
HOME #:
CELL #:
E-MAIL:

WAIVER

I understand that fees are due by the first day of class (cash, check, or MC/V). No make-ups or refunds will be given for student absences, unless previously arranged with instructor.

I understand that with any program such as this, some risks are involved even though precautions are taken to prevent accident/injury. Therefore I, my heirs and the registered student releases Tennis Kids and its instructors from any claims and liabilities and/or damages in connection with this program.

___Initial here to give Tennis Kids permission to use your child(ren)'s photograph in promotional materials.

Signature:
Relationship:
Date:

Please print and complete. Bring to first class or fax to 303-696-9744.

CASH CHECK
CREDIT (MC/V) # EXP