

REGISTRATION FORM

After School Tennis 6 Weeks: Sept. 25th-Nov 1st

<input checked="" type="checkbox"/>	AGE	TIME	FEE
	5yrs-8yrs	4p-5p	175.00
	9yrs-10yrs	4:30p-5:30p	175.00

After School Tennis 6 Weeks: Sept. 25th-Nov 1st

<input checked="" type="checkbox"/>	AGE	TIME	FEE
	11yrs-17yrs	5:30p-6:30p	175.00

**The QuickStart Format will be used for beginners 10 and under*

*Mondays and Wednesdays only
Hosted by Maumelle Parks and Recreation*



UNITED STATES TENNIS ASSOCIATION



**PAYMENT BY
CHECK OR CASH ONLY**

NAME OF STUDENT:

BIRTHDATE

AGE

ADDRESS: _____

PARENT OR GUARDIAN: _____

PARENT/GUARDIAN PHONE NUMBER(S): _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN: _____

EMERGENCY CONTACT PHONE NUMBER: _____

WAIVER OF LIABILITY: By signing below, student/parent/guardian understands and accepts that he/she or their child who is named above is taking tennis lessons at his/her risk. Student/Parent/Guardian hereby expressly waives any claim of liability against the City of Maumelle or Coach Kelli Russell Holmes for any negligence, personal injury, premises liability or other damages which occur to student during the above described tennis lessons. This waiver is a complete release of any responsibility for injuries or damages sustained whether or not the student was engaged in playing tennis at the time of the injury.

Signature of parent or guardian

Date

FOR OFFICE USE ONLY:

TOTAL PAID \$ _____ CASH ___ CHECK# _____ DATE _____ BY _____