

Minnetonka Tennis Club

Junior Tennis Program

2008 - 2009 Non- Member Registration Form

Parent Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City/State/Zip _____

E-mail: _____ Emergency Contact: _____

Emergency Contact Home Phone: _____ Emergency Contact Cell Phone: _____

| Participant's Name First & Last | Age | Session Number | Class Level and Class # | Class Day (s) & Time | | Class Fee |
|------------------------------------|-----|-------------------|----------------------------|-------------------------|--|--------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Please include all health information specific to your child. To better, this information will be shared with our teaching staff. (ie allergies, special needs etc)

CANCELLATION POLICY: Classes with insufficient enrollment will be cancelled and payment will be refunded. Due to the high demand of our junior program, refunds will only be issued if a student cancels due to a medical condition stated by a physician's letter.

I understand that the cancellation policy as stated above. (initial here)

Permission & Waiver

I hereby agree to allow my child(ren) to participate in the above named activity. In consideration of accepting this registration, I waive any and all rights and claims for damages I may have against Minnetonka Tennis Club and its representatives, for any and all injuries from whatever cause suffered by the above participants(s) in the indicated activity.

Parent/Guardian signature: _____ Date: _____

For Office Use Only

***PAYMENT FOR ALL CLASSES IS DUE AT REGISTRATION**

Payment Mode: Check _____ Cash _____ Credit Card _____ Charge to Member Acct _____ Pmt Date: _____ Registered By: _____

*Like last year, members will be billed for summer programs at time of registration.

E-mailed Confirmation of Class to Registrant: _____ Date: _____ By: _____