

Minnetonka Tennis Club

2008 Summer Junior Registration Form

MEMBER STATUS (Please check ONE)

New Member (3/10 thereafter) _____ Non-Member- Past Participant _____ New to Program _____

Parent Guardian: _____

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

Address: _____

City/State/Zip _____

E-mail: _____ Emergency Contact: _____

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

*T shirt sizes are available in Adult XL, L, M & S or Youth XL, L & M

Participant's Name First & Last	Member # or Non	Age	*T-Shirt Size	Class Level and Class #	Class Day (s)	Matches? (Y or N)	Class Fee
1							
2							
3							
4							
5							
6							
7							
8							

VACATION PLANS: (Please list any dates you'll be gone)

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 the summer junior program, refunds will only be issued if a student cancels due to a medical condition stated by a physician's letter. This provision applies to both members and non members alike.

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 prgmts at time of registration.

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

RECEIPT OF PAYMENT AND CONFIRMATION OF CLASS

Check # _____ Check Date _____ Check Amount _____ Visa or Master Card (circle one) Payment Date _____ Amount _____

Student Name	Class Level	Class Day(s)	Class Time
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____