

# Minnetonka Tennis Club

## 2010 Summer Junior Registration Form

**MEMBER STATUS** *(Please check ONE)*

New Member (3/22 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 programs 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 _____	_____	_____	_____