



## Program Registration Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Session: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Approximate Level of Student: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The Club it's officers-officials, owners, employees, instructors and other participants are not responsible for injuries, disability or death, exposure to infectious syndromes viruses or diseases, or loss to personal property on its premises or parking lots. I willingly comply with the terms and conditions of participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Old Greenwich Tennis Academy, 151 Sound Beach Ave, Old Greenwich, CT 06870