



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

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

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

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

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

### **Session Dates**

- |  |  |
|--|--|
| <input type="checkbox"/> Session 1 June 27 – July 1  | <input type="checkbox"/> Session 5 July 25 – July 29     |
| <input type="checkbox"/> Session 2 July 4 – July 8   | <input type="checkbox"/> Session 6 August 1 – August 5   |
| <input type="checkbox"/> Session 3 July 11 – July 15 | <input type="checkbox"/> Session 7 August 8 – August 12  |
| <input type="checkbox"/> Session 4 July 18 – July 22 | <input type="checkbox"/> Session 8 August 15 – August 22 |

My child's playing level is:  Beginner  Intermediate  Advanced

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

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

The Club it's officers-officials, owners, employees, instructors and other participants are not responsible for injuries, disability or death, exposure to infectious syndrome 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: \_\_\_\_\_