

Open Registration – Tennis Titans Classes \$44 per 4 weeks

Wednesday, September 6th 2017- May 31st, 2018 **No Class:** Nov. 23rd, Dec.28, Jan. 4th, Mar. 29th

Ages 3-5 11:50-12:30 kids will be picked up after school All equipment provided



Waiver of Liability (full waiver at www.tennistitans.net): In consideration of being permitted to play tennis, on behalf of myself, my family, my heirs, and my assigns, I hereby release Tennis Titans, its agents, and its employees from liability for injury, loss, or death to the above-mentioned participant while using any facility or equipment or in any way associated with participating in the activity of tennis now or in the future, resulting from the ordinary negligence of Tennis Titans, its agents and employees. **Photographs and Videos:** I do hereby consent and agree that Tennis Titans has the right to take photographs and video of my child during Tennis Titans sessions. These photos and video may be used on the company website (www.tennistitans.net), company Facebook pages, and promotional material without compensation. I understand that my child's name and identity will not be revealed. If you would prefer we not take photographs or video your child, please notify us via e-mail at tennistitansinfo@gmail.com or 630-650-5603.

Billing Policy: Program billing will begin after the first day of class in four (4) week increments at a rate of \$44 per four (4) weeks. If you're child misses the class, there will be a credit on the invoice for next four (4) weeks. Your child may miss up to four (4) classes per 9 month session without being charged. Invoices sent via email or mail and can be paid by check, cash, credit card, or auto debit. If your child no longer wants to attend, we require two (2) week notice, however only one (1) miss class will be credited back to your account.

Register at tennistitans.net/register-here OR fill out this form and turn into ELC office

Child's First Name	_____	Child's Last Name	_____
Parent's First Name	_____	Parent's Last Name	_____
Email Address	_____	Phone #	_____
Emergency Contact	_____	Emergency Phone #	_____
Special Needs	_____	Child's Age	_____
Circle one: Check Cash Credit Card Auto Debit		Parent Signature	_____