



Vision ACCESS (All Children Can Excel Starting Sooner)

Mission: Connecting kids and their communities through tennis and education to make a positive IMPACT on their lives overall as an individual

My primary facility _____

My child will enroll for:

- month to month \$15 in person by check or cash _____ \$16.50 by card or online _____
 - Must be paid by the last day of the week following the first Sunday
- \$35/ quarter in person by check or cash _____ \$37.50 by card or online _____
 - Must be paid by the 10th of the first month of the quarter: January, April, July, and October
- for the entire year \$120 in person by check or cash \$125 by card or online _____

Name _____

Birthdate ____/____/____ Age _____

Address _____

Phone Number _____

Emergency contact _____

Phone Number: _____

Allergies/Medical conditions: _____

Does your child have an Epi-pen ____yes ____no

Does your child have an inhaler ____yes ____no?

I consent that my child, _____ may participate in Golden Triangle Tennis programs. I state that the said minor is physically able to participate in said activity. By signing this waiver, I assume all risks inherent in these activities, and accept full responsibility for any and all damages or injuries of any kind. I further understand that photographs and videos may be taken during the course of the said activity and that these photographs and video may be used for Golden Triangle Tennis publicity/marketing purposes. I have read and understand this release.

Print Name

Signature of Parent/Guardian

Date

Tennis is a lifetime sport.

While working toward fulfilling our mission, we will provide a safe and fun learning environment for each child. Thank you for allowing your child(ren) to participate in our programs. Note: This form **MUST** be completed and returned to Golden Triangle Tennis administration before minor may participate.