



Registration Form

After School Program 2009-10

August 10th thru May 21st

Monday thru Friday

2:30 pm – 6:30 pm

Tennis In Motion Academy
South Fulton Tennis Center

5645 Mason Road, College Park, Ga 30349

Phone: (770) 969-2200

Fax: (770) 969-9070

Website: www.tennisinmotion.com

Email: tennisinmotion@aol.com

\$25 Registration Fee (nonrefundable) _____

Rates: _____ \$55 weekly per child

_____ \$200 monthly per child

IF child is not picked-up by 6:30 pm you will be charged an additional \$5.00 per every 15 minutes late, unless previously approved.

Name _____ Male/Female _____ DOB _____

Address _____ Home Phone _____

Work Phone _____

Cell Phone _____

Parent Name(s) _____ Home Phone _____

Email _____ Work Phone _____

Cell Phone _____

Transportation Pick-Up Requested: Yes _____ No _____ If yes, school dismissal time _____

*Name of school _____

Address of school _____

School phone number _____

Emergency Contact _____ Relationship _____ Phone _____

Are there any health issues (i.e. allergies, asthma, etc.) we should know about? _____

Please read this carefully and be aware that in signing up and participating in this program, you will be waiving and releasing claims arising out of this program. I agree that my participation in this program is at my own risk and without assumption of responsibility of any kind by Tennis in Motion, Inc., South Fulton Tennis Center, their Director, officers, agents and employees. In consideration of the acceptance of my registration, I do hereby release and forever discharge said organizations, their Director, officers, representatives and successors from any and all damages, losses or injuries which I may suffer or sustain directly or indirectly in connection with this program from any kind which I may have and hereafter acquire. All such claims are hereby waived and released and I covenant not to sue therefore.

Signature _____ Date _____

Parent/Guardian

* Must be a pre-selected school