



# Registration Form After School Program 2009

January 5th thru May 22<sup>nd</sup>

Monday thru Friday

3:30 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](http://www.tennisinmotion.com)

Email: [tennisinmotion@aol.com](mailto:tennisinmotion@aol.com)

**Rates:**                    \_\_\_ **\$45** weekly per child

                                  \_\_\_ **\$175** monthly per child

If child is not picked-up by 7:00 pm you will be charged an additional \$5.00 per every 15 minutes late, unless previously approved.

**Method of Payment**

Cash \_\_\_\_\_ Check \_\_\_\_\_

**Credit Card, Debit, Visa, Master, Discover, American Express (Circle One)**

Card # \_\_\_\_\_ Exp \_\_\_\_\_/\_\_\_\_\_

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

Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_                    Date of Birth \_\_\_\_\_                    Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_                    State \_\_\_\_\_                    Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone(s) Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone(s) Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

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

\*Name of school \_\_\_\_\_

Address of school \_\_\_\_\_

School phone number \_\_\_\_\_

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**