



# GROUP LESSON SPECIAL

**Beginners, Advanced Beginners & Intermediate Players**

**WHEN: Saturdays 11:00 - 12:00 Noon\***

**COST: \$7 per class**

**\*No Saturday Classes the weeks of Thanksgiving, Christmas, New Years, Easter and July 4th**

## Tennis In Motion Academy

5645 Mason Road College Park, Georgia 30349 Phone: (770) 969-2200 Fax: (770) 969-9070

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DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_

<b>Tennis Skill Level</b>	
Advanced	( )
Intermediate	( )
Beginner	( )

Address \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are there any health/medical 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 \_\_\_\_\_

(Guardian if under 18 yrs of age)