



SUMMER GROUP LESSON SPECIAL

Beginners, Advanced Beginners & Intermediate Players

DATES: June 6 thru August 29, 2009

WHEN: Saturdays 11:00 - 12:00 Noon

COST: **10 classes for \$60** (\$12 Daily)

Classes must be completed by August 29, 2009

Tennis In Motion Academy

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

Website: www.tennisinmotion.com

Email: tennisinmotion@aol.com

DOB _____ Age _____ Male _____ Female _____

Name _____

Tennis Skill Level

Address _____

Advanced ()

Intermediate ()

Beginner ()

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 _____
(Guardian if under 18 yrs of age)

Date _____