



JUNIOR TENNIS REGISTRATION FORM

Player is a: Kid's Club Member LRAC Member Non-Member
 Child's Name: _____ Age: _____
 Date of Birth: _____ Sex: M F
 Mother's Name: _____ Father's Name: _____
 Street Address: _____ Zip: _____
 Mother's Home Phone: _____ Work Phone: _____ Work Hours: _____ Cell Phone: _____
 Father's Home Phone: _____ Work Phone: _____ Work Hours: _____ Cell Phone: _____

TENNIS EXPERIENCE

Player is a: Beginner
 Experienced Beginner (please explain) _____
 Intermediate
 Advanced

CLASS PREFERENCE

Desired # of lessons per week (please check): 1 2

Indicate Preferred (P) and Available (A) Times:

Lesson Time	Monday	Tuesday	Wednesday	Thursday
3:30 - 4:15 pm				
4:15 - 5:00 pm				
5:00 - 5:45 pm				

MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: _____
 Phone(s): _____ Relationship to child: _____
 Doctor's Name: _____ Phone Number: _____
 Emergency Room of choice: _____
 Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

CANCELLATION AND CHANGE POLICY

Cancellation or change of tennis lesson frequency must be done by the 15th of the month PRIOR to the month in which the drop/change will occur in order to avoid being charged for an additional month. NO VERBAL notifications will be accepted. To make the change, either submit a note describing the change to Junior Tennis Director, Linda Sneed, or leave her a voice mail at 225-3601, ext. 205.

For example, if your child is going to take lessons in June but not be here the month of July, you have to call Linda Sneed (or complete a "Drop Form" available at the Tennis Desk) by June 15.

DISCIPLINE POLICY

The LRAC reserves the right to remove a child from any program or activity if the child's behavior jeopardizes his/her own safety, that of others, or is so disruptive that another participant's ability to learn is affected. In response to occasional "acting out", children will be asked to sit quietly in "time out" on the court bench.

INCLEMENT WEATHER AND SCHOOL BREAK POLICY

The LRAC Junior Tennis Program follows the Little Rock School District regarding inclement weather, Christmas Break and Spring Break.

WAIVER STATEMENT

I agree to assume full risk and to waive, relinquish and release all claims I and or the participant may have against, indemnify, hold harmless and defend the Little Rock Athletic Club. This release includes as well LRAC officers, agents, servants and employees from any such claims resulting from injury, damages or loss sustained on account of participation in any LRAC Youth Program or event. On behalf of the participant, I acknowledge the existence of risks in connection with tennis lessons, assume such risks and agree to accept the responsibility for any injuries sustained by the participant. I understand that every precaution is taken to protect the safety of each participant and agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

MY SIGNATURE CONVEYS

- I authorize the LRAC to draft my tennis lesson fees as indicated on my *Payment Information* page which will be shredded;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I understand the LRAC's policy on discipline;
- I understand that I will continue to be automatically billed for lessons unless Linda Sneed, the Junior Tennis Director, is notified of desired changes either in writing or via voice mail by the 15th of the month PRIOR to the month the drop or reduction in lesson frequency will occur; and
- I release the LRAC from all claims my child might sustain as a result of participation in tennis lessons in accordance with the *Waiver Statement*.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____



PAYMENT INFORMATION* (Please Print)

Name of Child Participating in Tennis Lessons: _____

Child is a: _____ Kid's Club Member _____ LRAC Member _____ Non-Member

Person Responsible for Payment: _____

Responsible Party's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Method of Payment (complete the appropriate information below):

LRAC Club Account Option *(for members only/account must be current)*

Member # to be charged: _____

Bank Draft Option (Please attach a voided check to ensure accuracy in processing.)

Bank Name: _____

Name as Shown on Bank Account: _____

Bank Transit Number: _____ Bank Account Number: _____

Credit/Debit Card Option (Visa, MasterCard, Discover, American Express)

Name as Shown on Card: _____

Credit Card Number: _____

Expiration Date: _____ CCV Number: _____

** Please note, charges occur on the 10th of the month. For security reasons, your payment information will be encrypted by our computer software and this paper will be shredded.*

FOR OFFICE USE ONLY

Confirmed # of Lessons Per Week: _____ 1 _____ 2

Notes: _____
