



SLAMMER TENNIS WORLD, LLC
REGISTRATION FORM 2010 – NORWALK, CT
WOODWARD AVE PARK SUMMER TENNIS CAMP



Please complete in full and return this form along with a check or money order to:

Slammer Tennis World, LLC
P.O. Box 2104
Norwalk, CT 06852
(203) 854-5625
Fax: 1-866-611-9126

Part 1 – Participant Information

Participant's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian _____

City: _____ State: _____ Zip: _____

Home Tel.: _____ Work#: _____ Cell: _____

Email Address: _____

Does your child have any medical problems? YES NO

If yes, please describe: _____

Has your child ever had formal tennis lessons before? Yes No

If yes, where did they have formal tennis lessons? _____

Please Note: Make sure your child brings his/her own tennis racquet and sneakers, water bottle and snack to camp each day. Slammer Tennis World reserves the right to place your child into the appropriate class/skill level.

Tennis Programs you are registering for: (please check box)

Age Group
6 to 16 years

Six-week cost (July 12th to August 20th, 2010)
 \$500.00 per student

Reduced Fee Cost (July 12th to August 20th, 2010)
 \$400.00 per student

Important Note: For the reduced fee cost, please attach a copy of the Board of Ed. Lunch certificate if your child qualifies for the reduced fee!

Part 2– Emergency Contacts/ Drop off/Pickup Information

Please list ONE emergency contacts, other than yourself that we can contact in the event of an emergency:

Name: _____ Relationship: _____ TEL#: _____

Please list the name(s) of the person/s responsible for dropping off and/or picking up your child:

Name: _____ Relationship to Child: _____

RELEASE

I have registered my child for lessons with Slammer Tennis World, LLC, and I understand the following: The undersigned here by agree(s) to assume all risk and bear all responsibility, and to hold Slammer Tennis World, LLC, its agents, representatives, servants, officers, and employees harmless from and against any and all liabilities, losses, damages, and injuries to persons or property, including any and all costs and expenses incurred in the defense of such claim including court costs and attorney's fees resulting from, arising out of, or in any way related to or connected with their participation in the Slammer Tennis World tennis program . It is further understood and agreed that photographs may be taken of me or my child during this program, and that I give permission to use these photographs for publication in brochures, flyers and other forms of publicity. In case of an emergency I understand that every effort will be made to contact the parent or guardian. It is the parent or guardian's responsibility to pick up the participant on time at the end of each class. The registration fee is non-refundable and there will be no make-ups except for inclement weather. Please visit our website at www.slammertennisworld.com or call 203-854-5625 for any class cancellations. Late registration fee: \$20.00. A \$20.00 fee will be charged for any returned checks.

Signature of Parent or Guardian for Participants under 18 years of age:

Dated this _____ day of _____ 2010.

Please note: Mail registrations are welcome, but do not guarantee a spot in the program

Do not complete the section below – For Office Use Only!

Amount received: _____ Date received: _____ Processed By: _____

Money order#: _____

Check# _____

Cash