

BRANSBY OUTDOOR YMCA

Tennis Lesson Registration Form

Name _____ Home Phone (_____) _____

Address _____ City _____ Zip _____

Age _____ Birthdate _____ Male _____ Female _____

Family E-Mail Address _____ Cell #'s _____

If under 18:

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Month to start _____ Additional Months **M A M J J A**
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Check One: _____ **Adult - (12 years and up)** _____ **Youth - (6-11 years)**

Fee: \$45.00 per child, \$50.00 per adult. Price includes four lessons per month.

Pick your times: **Tuesdays:** Youth ages 6-11 **5:30 pm** Adult **6:30 pm** for 12 years +

Saturdays: Adult 9:00 am for 12 years + Youth ages 6-11 **10:00 am**

I give my child _____ permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can and sometimes still happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way to participation in YMCA programs whether on or off the YMCA premises. I further authorize the YMCA or its staff to obtain medical care in the event of any injury or accident if a parent or guardian is unavailable to give permission. I also give the YMCA permission to publish any photo that may be taken of myself or my child for YMCA use.

I HAVE READ THIS FORM AND GRANT PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN ALL ACTIVITIES, OFFERED BY THE ROCK CHAPEL OUTDOOR YMCA.

PARENT'S SIGNATURE _____ DATE _____

Fax to Bransby Outdoor YMCA : 770-482-1514

For Office Use Only

Date Received _____ Total Amount Paid \$ _____ Receipt # _____

Program Membership # 13 _____ Renewal Date _____ Staff Initials _____