

Elite Tennis

elitetennis.biz

elitetennis.biz@gmail.com

Student Name: Age: School/Grade:

Parent Name:

Parent Email & Cell Phone:

Favorite Snack:

Anything I need to know about your child:

Make-ups: Will be only for inclement weather and date will be provided by Elite Tennis.

Pick-up Person#1 name:

Pick-up Person#2 name:

*I understand that neither Elite Tennis nor anyone associated with Elite Tennis is responsible for accidents and/or medical and dental expenses incurred as a result participation in the program. The applicant is in good health and able to participate. *I read the make-up policy and understand that I am responsible to pay for a reserved lesson, with no guarantee of a make-up for a missed class. *Photographs/videos are sometimes taken during lessons and I give permission for my child to be included in Elite Tennis Social Media.

Sign here:

Parent or guardian's signature required.

