

# LMU Tennis Academy

## Group/Private Lesson Registration Form

Please check course availability with **Peggy Reilly,” Head Tennis Professional”**, before registering at [TennisEdu@aol.com](mailto:TennisEdu@aol.com) 323-300-4155

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Class/Lesson Attending Day/Date \_\_\_\_\_

Course Description \_\_\_\_\_

**Tuition** is due at time of registration & any upon any renewal; prior to next series starting. Cancellations via email must be made no later than 72 hours in advance or full amount of lesson will be applied. No refunds or make-up plan for classes unattended.

**CREDIT CARD PAYMENT BY SECURED FAX 310-338-5915 Attention: Tami Adkins**

Visa/MC Card # \_\_\_\_\_ Amount Charged \_\_\_\_\_

Expiration date \_\_\_\_\_ 3 digit sec code (located on back of card) \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**Check Box to Authorize LMU to charge Credit Card on file for Lesson/Academy Renewal**

**Payment by Check-“Payable” to LMU Tennis – .**

**A \$25 late/administrative fee will be charged for payments received after the first day of class**

### RELEASE OF LIABILITY

I hereby authorize the staff of the LMU Tennis Academy to act for myself or my child according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Academy from any and all liability for any injuries or illnesses incurred at LMU or as part of the Jr. Tennis Team. I have no knowledge of any physical impairment that would be affected by my participation or my son's/daughter's participation in the LMU Tennis Academy programs.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (if minor) \_\_\_\_\_

Parent/Guardian Signature (if minor) \_\_\_\_\_ Date \_\_\_\_\_