

LMU Tennis Academy

Group/Private Lesson Registration Form

Please check course availability with **Peggy Reilly, "Head Tennis Professional"**, before registering at 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 _____