

# WINTER TENNIS CLINIC DEC 19<sup>TH</sup> -23<sup>RD</sup> 2011

## LMU JUNIOR TENNIS ACADEMY APPLICATION

NAME \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Skill level **Beginner - Intermediate -Advanced (please circle one; limited enrolment)**

(H) Phone # \_\_\_\_\_ (W) Phone # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Our Tennis program provides the best environment to improve on court for a more complete competitive tennis player. All the elements of the game will be explored through drills, match play, mental and physical training. Your child will progress and develop a competitive spirit in tennis while having fun in the process. . A week of solid fun during the holiday season; join us!

**Monday-Friday 9am -12 noon: Dec 19th -Dec 23<sup>th</sup> Tuition \$300.00 (Due by Dec15th\*\*\*\*)**

**Payment is due PRIOR TO THE FIRST CLASS. Your spot is not confirmed until payment is received.**

**Fax your credit card payment to Tami Adkins at 310-338-4577 or mail check to LMU Athletics,**

**If paying by check, payment must be received one week prior to the first day of the winter clinic.**

Visa / Mastercard # \_\_\_\_\_ Amount Charged \_\_\_\_\_

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

Card Holders Name \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

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

**A \$25 late/administrative fee will be assessed if payment is not received by the first day of the session as listed above. All fees are non-refundable.**

### RELEASE OF LIABILITY

I hereby authorize the staff of the LMU Tennis Academy to act for me 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 son's/daughter's participation in the LMU Tennis Academy programs.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions - Please contact Peggy Reilly "Head Tennis Professional" [LMUjrTennis@aol.com](mailto:LMUjrTennis@aol.com) 323-300-4155**