

LMU JUNIOR TENNIS ACADEMY APPLICATION

NAME _____ Sex _____ Age _____
(H) Phone # _____ (W) Phone # _____
ADDRESS _____
CITY _____ STATE _____ Zip _____
E-Mail _____

SESSION #5, 2012

Monday:	June 4 th - July 2 nd	5 weeks \$90.00	4-5 pm (Novice 10 & under, Quickstart)
Tuesday:	June 5 th - July 3 rd	5 weeks \$90.00	4-5 pm (Novice 10 & under, Quickstart)
Tuesday:	June 5 th - July 3 rd	5 weeks \$140.00	5-7 pm (Intermediate, Satellite Team B 10-16 yrs)
Wednesday:	June 13 th - July 18 th (No class July 4 th)	5 weeks \$140.00	4-6pm (Intermediate, 10 & under)
Friday:	June 15 th -July 13 th	5 weeks \$140.00	5-7pm (Advanced, Satellite A & Open 12-18 yrs)

****Circle all that apply:** Mon 4-5pm Tues 4-5pm Tues 5-7pm Wed 4-6pm Fri 5-7pm

Junior Tennis Team Novice, Satellite B, Open - Schedule- Sept – dates TBD

Players must be registered in at least one class to be eligible clinic/private or semi private - no exceptions
Due to level of experience and class size, your first choice of day may not be available. If this is the case, Peggy will contact you regarding an alternative day. \$10 discount on multiple days booked in advance.

LMUjrTennis@aol.com or 310-500-7217

Advanced Registration required for all classes. If your child is currently registered in a session, tuition for the next session is due week #4 of the 5 week series or your spot will not be held.

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 310-338-5915

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 310-500-7217