Dominguez Pro Tennis Training - 954-478-3941 - Florida - DominguezProTennis.com

PLAYER INFORMATION

☐ NEW PLAYER ☐ RETURNING PLAYER

PLAYER FIRST NAME | PLAYER LAST NAME

DATE OF BIRTH (MM/ DD/ YYYY) | GENDER ☐ MALE ☐ FEMALE | SCHOOL ATTENDING | GRADE

STREET ADDRESS | CITY | STATE | ZIP

HEALTH RESTRICTIONS (IF ANY)

HOW DID YOU HEAR ABOUT OUR CAMP?

☐ Word of Mouth ☐ Mail ☐ Web ☐ Ad_____

☐ Referred by: _____

EMERGENCY CONTACT / RESPONSIBLE PARTY

PARENT 1/GUARDIAN'S FIRST NAME | PARENT 1/GUARDIAN'S LAST NAME

EMAIL ADDRESS (REQUIRED) | BUSINESS PHONE (000-000-0000) | CELL PHONE (000-000-0000)

PARENT 2/GUARDIAN'S FIRST NAME | PARENT 2/GUARDIAN'S LAST NAME

EMAIL ADDRESS (REQUIRED) | BUSINESS PHONE (000-000-0000) | CELL PHONE (000-000-0000)

EMERGENCY CONTACT | RELATION TO PLAYER | EMERGENCY PHONE (000-000-0000)

LIABILITY WAIVER AGREEMENT

By signing below I agree that I am the parent or legal guardian of the above named student and hereby give permission for him/her to participate in the Dominguez Pro Tennis training program. We agree to abide by all program and other rules and regulations which now exist or which may be hereafter adopted or amended by Dominguez Pro Tennis LLC, including providing Dominguez Pro Tennis LLC with appropriated medical exams, medical information, and records of immunization upon request. I further acknowledge and agree that there are certain inherit dangers in participating in tennis, sports, and other Dominguez Pro Tennis LLC programs. And activities and that Dominguez Pro Tennis LLC shall not be liable for any personal injuries, property theft or damage, or other loss sustained by my child off on or the areas of operation of Dominguez Pro Tennis LLC programs, or arising out of the use of any facilities, equipment or other property of Dominguez Pro Tennis LLC, or in any assigned boarding location provided by Dominguez Pro Tennis LLC. In case of accident or injury to my child, and if and emergency contact person cannot be reached, I grant Dominguez Pro Tennis Directors, coaches, or personnel, permission to obtain medical attention for my child if necessary for which I will be financially responsible. Dominguez Pro Tennis LLC reserves the right to cancel this contract at any time at its discretion, and Dominguez Pro Tennis LLC's sole liability shall be to return any amounts previously paid on a pro-rata basis. Dominguez Pro Tennis LLC retains the rights to any photographs or videos taken in the context of the program to be used for publicity or advertising.

_____ Parent/Legal Guardian Signature

_____ Date

PAYMENT INFORMATION

Enrollment in any of the programs offered by Dominguez Pro Tennis LLC is limited, and spaces will be reserved on a first come first serve basis.. All applications must be submitted with non-refundable deposit of $500.00. Dominguez Pro Tennis LLC reserves the right to charge the credit card provided in the registration for any balance due. Cancelation refund will be issue only if notice is received 30 days prior to the starting date less a $100.00 cancellation fee.

Any unused lessons, program days. Or program weeks will not be refunded. Initial here _____

PAYMENT AMOUNT

AMOUNT IS:
☐ DEPOSIT
☐ PAYMENT IN FULL

PAYMENT METHOD:
☐ PAYMENT IN FULL BY CHECK
☐ CHARGE TO MY ACCOUNT: I authorize you to bill my credit card on file.
☐ CREDIT CARD: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Other _____

CREDIT CARD NUMBER

EXPIRATION

Signature Date