## **AFTER SCHOOL TENNIS ENROLLMENT FORM**

210DENI NAN	1E:			
PARENTS NAM	IE:			
Address:				
	Street Address, P.O. Box, Ap	ot#		
	City	State	Zip Code	
Emergency C	Contact (Must Be Provid Father	<b>ded)</b> Mother	Other Emergency Contact	
Home Phone:				
Work Phone:			<b>-</b>	
Cell Phone:				
PARENT SIGNA	ATURE:		DATE:	
	bers must provide credi	Exp. DATE: it/debit card information.  ransportation Arrang		
YE		•	bus driver to pick up my child,	
frc	om Thomas Jefferson or Co	ollege Heights (please circle one)	and transport him/her to Millennium Family	Fitne
on	the Millennium shuttle.			
	: I will arrange independe	ently for my child's transportation	ı to Millennium.	
NO			Date:	
NO	ATURE:			
	ATURE:	Participation Waiver		

MILLENNIUM FAMILY FITNESS, LLC, OR AT ANY EVENT OFF PREMISES BY ME/MY CHILD (OR CHILDREN) OR OUR GUESTS OR INVITEES EVEN IF WE ARE AWARE OF THE POSSIBILITY OF SUCH LOSSES, INJURIES, OR DAMAGES. THE FOREGOING RELEASE SHALL BE BINDING ON MY/OUR PERSONAL REPRESENTATIVE(S), HEIRS AND EXECUTOR AND SHALL SURVIVE EXPIRATION, RENOVATION, SUSPENSION OR OTHER TERMINATION OR LAPSE OR

DATE:

RELATIONSHIP BETWEEN THE PARTIES.

PARENT SIGNATURE: \_