



Heritage Christian Academy

FALL TENNIS CLUB REGISTRATION FORM

Open to Kindergarten- 5th Grade



DATES: Wednesdays, October 1st – November 19th

TIME: 3:00-4:00pm

LOCATION: Gym

STUDENTS: K to 5th Grade

COST: \$185 per Child for 7 Sessions

Coaches with M&M Kids Sports supply everything for your child including:

Age-appropriate kid size Rackets, Foam and Low Compression Tennis, Miniature Tennis Nets, & lots of **FUN!**

Kids will Learn: Forehand, backhands, serves, volley, hand-eye coordination Speed & Movement Coordination, how to keep score, listening skills, balance, speed, teamwork and more!

Student Name: _____ Age/Date of Birth: _____

Teacher: _____ Grade: _____

Has your child played sports before? YES / NO Has your child played Tennis before? YES / NO

Is your child Left-Handed or Right-Handed? RIGHT / LEFT

Parent Name: _____ Cell Number: _____

Registration filled out by Monday, Sept. 22. Tennis Club fees will be posted to your facts account once registration is received *

Waiver

Parent or legal guardian must sign below before acceptance into program. As parent/legal guardian of the child named herein. I hereby represent that the child has been deemed physically fit by his/her pediatrician to participate in tennis instruction. I understand that there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in tennis instruction. I understand that all enrollments are final, and no refunds will be issued once payment is made. I further agree to indemnify and hold harmless M&M kids, LLC and any of their coaches from any and all liability, damage, cost or expenses arising out of my child's participation of every kind and nature. In the event that I cannot be reached in an emergency, I hereby give permission for the care to be administered by M&M Kids, LLC staff, EMT, Physician/Staff of hospital or any other qualified individual to provide medical treatment deemed necessary for my child. As well, I give permission to communicate with me via text and email and to take pictures and or videos of my child for advertising and marketing purposes.

Name: _____ Relation to Child: _____

Signature: _____ Date: _____