



## Standard Club Tennis Academy Registration Form

Participant's Name: \_\_\_\_\_  Male  Female

Academy Level – Elite Performance/HP Group: \_\_\_\_\_

Start Date: \_\_\_\_\_

Billing Rate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (1) Address: \_\_\_\_\_

E-mail (2) Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Emergency Contact (Name & Phone #): \_\_\_\_\_

### **Rankings/Rating:**

Georgia Ranking \_\_\_\_\_ Southern Ranking \_\_\_\_\_ National Ranking \_\_\_\_\_

I/We agree to all the fees, and understand and agree to all of the policies and procedures as stated in the Program. In addition, I/We assume all responsibilities for any risks or hazards that may be associated in the named program and release The Standard Club of any liability.

Date: \_\_\_\_\_ Parent/Guardian/Participant: \_\_\_\_\_