



Windward Tennis Academy
Registration & Release Form

I/We the parent/guardian have thoroughly read the Windward Tennis Academy Program. 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 Windward Lake Club of any liability.

Initial \_\_\_\_\_

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

Academy Program/Level: \_\_\_\_\_ Start Date: \_\_\_\_\_

1-Day Option [ ] Day (can only come on day chosen): \_\_\_\_\_
(Requires Approval/Does not apply to Academy Level I or Summer Academy.)

(circle applicable option below)

Full Facility Member Tennis Only Member Junior Member Academy Only

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_

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

E-mail Address: (print clearly) \_\_\_\_\_

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

School: \_\_\_\_\_

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

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

List any allergies/medical conditions: \_\_\_\_\_

Payment Method (circle): cash check invoice acct.(credit card needs to be on file)

Visa MasterCard AMEX Discover

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

For Office Use Only: front desk initials \_\_\_\_/admin. initials \_\_\_\_
Date: \_\_\_\_\_
POS/Invoice # \_\_\_\_\_
Recurring Charge set-up \_\_\_\_\_
Referral Credit set-up \_\_\_\_\_
Database updated (admin.) \_\_\_\_\_
Attendance updated (admin.) \_\_\_\_\_