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: _____

Attended any WLC program prior? Yes ☐ No ☐

If yes, what program? _____ When did you attend? _____

(Circle applicable option below)
Full Facility Member Tennis Only Member Junior Member Academy Only Guest

Address: _____

City: _____Zip Code: _____

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: _____

Date: _____
POS/Invoice # (attach receipt) _____
Recurring Charge set-up _____
Referral Credit set-up _____
Database updated (admin.) _____
Attendance updated (admin.) _____