



LESSON REGISTRATION FORM

Name: _____ Age: _____ Parent/Guardian (if under 18) _____

Address: _____ Postal Code _____

Home: _____ Work: _____ Cell: _____ Other: _____

Email (please print clearly): _____ Rating: (based on "self-rating guide") _____

Type of lesson requested: _____ Location requested: _____

Days, dates & times requested: _____

If you selected "group" or "semi-private" lessons, please provide the name(s) of the other participant(s) taking the lessons with you:

Payment information:

Registrations will only be complete when your registration form and payment have both been received by Universal Tennis. Post dated cheques will not be accepted.

Total amount (including GST) for all your lessons combined: \$ _____

Method of payment (select one): Cheque Credit card on Universal Tennis Website

Please make cheques payable to:

Universal Tennis Incorporated: 65- Crystal Shores Hill, Okotoks, AB, T1S 2H7

Waiver:

Please complete the following waiver. Families need only complete one waiver but every participating family member's name must appear below.

In case of an emergency contact: _____ phone: _____

I am aware that it is a condition of participation in any recreational activity or program provided by or on behalf of Universal Tennis Incorporated; it's directors, agents, servants or employees, that the participant does so at his or her own sole risk and this corporation is not liable for any loss, damage, injury, or ambulance service resulting from or in connection with such participation. I am also aware that by submitting this form, I am agreeing to all stated herein as well as the policies and procedures for this corporation. I have read and I accept the terms stated in the policies and procedures for this corporation that are located at www.universaltennis.ca

Applicant's signature/ parent or guardian (if unde18) _____