



Spring Registration  
Sundays, 4:00 – 5:00pm

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Parents/Siblings \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Location **Les Myers Park 338 Lawndale Av Concord, NC 28025**

Please circle the days you plan to attend

March                    17<sup>th</sup>                    24<sup>th</sup>                    31<sup>st</sup>

April                    7<sup>th</sup>                    14<sup>th</sup>                    28<sup>th</sup>

May                    5<sup>th</sup>                    19<sup>th</sup>                    25<sup>th</sup>

Waiver Liability

We, (I) the parent/guardian give permission for \_\_\_\_\_ to participate in the AMPTENNIS, LLC. tennis program(s). We, (I) hereby waive and release AMPTENNIS, LLC., and its staff or instructors from any liability, injury or illness incurred while participating in the programs. I have no knowledge of any physical impairment that would be affected by me or my child from participation in the programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_