

REGISTRATION FORM

2010 Fall Green Bay Tennis U

Name: _____

Address _____

City: _____ Zip: _____ Phone: (_____) _____ - _____ Birth Date: ____/____/____

E-mail: _____

Level Entering: _____ Day/Time: _____ T-shirt size: _____

Payment Required at Time of Registration

Form of Payment: (circle one) Check Cash Visa MasterCard Member Account

Amount Paid or Charged to Member Account: \$ _____

Credit Card Number: _____ Exp. ____/____



Please complete this registration form, and send with payment to:

WESTERN RACQUET & FITNESS CLUB

2500 S. Ashland Avenue, Green Bay, WI 54304

Attn: Scott Meixl

WAIVER & INDEMNITY AGREEMENT:

Acceptance of entry into this program is without responsibility of any kind by Western Racquet & Fitness Club, its associates, or any other entity sponsoring the event. I do hereby, for and on behalf of my heirs, my legal representatives, and myself, release and forever discharge Western Racquet & Fitness Club, its associates, or any other entity sponsoring the program from any claim of injury howsoever arising. The student over 18 years of age, parent, and or legal guardian, by signing below does hereby agree to indemnify and hold harmless Western Racquet & Fitness Club, its associates, and sponsoring firms from any liability that may occur to the entrant during the programs.

Signature of Parent/Legal Guardian

____/____/____
Date