

# Registration Form



- Adult Tennis     QuickStart     Jr. Tennis     Jr. Certifications     Special Event  
 Basketball     Dance Classes     Youth Classes     Aquatics

Please print clearly and fill out each field.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_  
 (Children's Programming Only) Birthday \_\_\_\_\_ Age \_\_\_\_ M/F Parent/Guardian's Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Membership Status: Member Number \_\_\_\_\_  Guest  
 (For Tennis non-intro classes only) NTRP Rating \_\_\_\_\_

**\* For Tennis, please also list 1st and 2nd choice classes \* As a convenience, we now offer automatic re-enrollment .**

Day	Time	Class Name	Fee
Total \$			

**Payment options / Full payment is due at the time of registration**

Payment Method  Check (please enclose check) # \_\_\_\_\_  House Charge     Credit card

Credit Card \_\_\_\_\_ Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Policies:** Participants must pay at the time of registration . All members will be billed on their Lakeshore SF account if payment is not received with registration form. There is a **24 hour cancelation policy for all tennis court reservations and private lessons.** Proration only applied to late enrollment, not for classes missed during a session. No refunds are given for any programs without a medical reason.

**Terms and Conditions** I agree to assume full risk and to waive, relinquish, and release all claims against the agents, servants, and employees of Lakeshore SF from any such claims resulting in injury, damages or loss sustained on account of participation in this camp program. I understand that I am responsible for all personal medical insurances and that as a participant must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Notes:

Date / Time Rec'd: \_\_\_\_\_ Amount Due: \_\_\_\_\_ PD: \_\_\_\_\_ DB: \_\_\_\_\_ Confirm: \_\_\_\_\_ Guest ID Card Given: \_\_\_\_\_