


<p>East Gate</p> <p><b>Swim and Tennis Adult Program Summer 2010 Registration</b></p>	 <p><b>Dexter MacBride Tennis Academy</b></p>
<p>Please print out this registration form, <i>complete for each person attending</i> and return with your payment</p> <p>Checks should be made payable to:  <b>Dexter MacBride Tennis Academy</b></p> <p>P.O. Box 60701, Potomac, MD 20859</p>	

Name: _____	Skill Level: _____
Birth Date: _____	Email Address: _____
Street: _____	Contact Phone: _____
City: _____	Cell/Work Phone: _____
State: _____ Zip: _____	

I understand that payment is due in full at the time I submit this application. There is a \$50.00 non-refundable application fee if my child withdraws 48 Hours prior to his/her first registered session. Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs and activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of the severity that my minor child/ward or I may sustain as a result of said participation. I do hereby fully release and forever discharge Dexter MacBride Tennis Academy, including all officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that my minor child/ward or may have or which may accrue to me or my child/ward and arising out of, or in any way associated with these programs/activities. I have read and fully understand the above information, assumption of risk, and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature

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

If you have any questions, feel free to contact Dexter at 240-372-5527.

**Session Information**

**Men: Tuesday 6:30PM - 8:00PM. Begins June 1st**

**Women: Thursday 6:30PM – 8:00PM. Begins June 3th**

**Fees: \$25.00 Per Class      \$117.00 Per 6 Classes**

**Clinics will be held throughout the summer. Feel free to drop in but please contact Dexter to let him know you are coming.**

**Total Remitted: \_\_\_\_\_**