

FAC Tennis Registration Form

*All participants **MUST** fill out a registration form whether paying for a drop in fee, bundle or pre-paid clinic

Ryan Winters - Director of Tennis - (720)244-9992

Check ONE: _____ Flatiron MEMBER _____ NON-member
 (please make checks payable to Ryan Winters / all other forms of payments to FAC)

Credit Card Info: # _____ Exp. _____ CVN. _____

First & Last Name: _____ (Mom) Junior Name: _____
 _____ (Dad) Age: _____

Address: _____ Date of Birth: _____

Phone Numbers: _____ cell (mom) _____ (cell-dad)
 _____ wk (mom) _____ (wk-dad)
 _____ hm (mom) _____ (hm-dad)

SPRING	SUMMER	FALL
April 4th - June 5th	June 6th - Aug 7th	Aug 22nd - Oct 2nd
	I: June 6-9	
	II: June 13-15	
	III: June 20-23	
	IV: June 27-30	
	V: July 11-14	
	VI: July 18-21	
	VII: July 25-31	
	VIII: Aug 1-7	

Lessons run **YEAR-ROUND**. Winter, Spring, Summer, and Fall Schedules and rates can be found on our website at flatironathleticclub.com under the **court sports** link

Please fill in **ALL BLANK** spaces. Thank you.

Sessions: _____
Ability / NTRP Rating: _____
Clinic Name: _____
Clinic Day(s): _____
Clinic Time(s): _____

WAIVER: I hereby agree and promise that I will not hold the Flatiron Athletic Club, nor its tennis staff, responsible for any losses, damages, or personal injuries incurred as a result of participation. I hereby authorize the FAC Tennis Staff to act for me according to their best judgment in any emergency situation.

Signed : _____ **Date:** _____

Print: _____

WHAT YOU NEED: **TENNIS SHOES** (flat and **white** soled court shoes), **TENNIS RACQUET**, hat, shorts with **POCKETS**, sunscreen, and water bottle.