PLEASE FILL OUT ALL BOXES COMPLETELY		
Participant Name:	Member ID or Non	Home: Cell: Email:
Parent/Guardian Name if under age 18:	Birthdate if under age 18:	Home: Cell: Email:
In case of Emergency:		
Emergency Contact Person when Spouse or Minor Parent/Guardian ca Relation to Participant: Contact Phone Number:	annot be reached:	
Indicate Type(s) of Activity		
<ul> <li>□ Group Junior/Adult Program Tennis Lessons</li> <li>CODE:Name:</li> <li>□ Private/Group Private Tennis Lessons: Tennis</li> <li>□ Cardio Tennis</li> </ul>	_Day: s Pro	Time:
CODE:Name:	t pay at the time of regioned to card on file. Private of lesson at the Front on file.  If don file.  If the filled out and approved the can submitted to Front on file.	istration in full. Non-Members in Private ate Lessons may be paid for by any Desk. If the lesson is not paid for at time of by Billing Specialist Amber Nelson ront Desk or emailed to Amber. The Pro will
F	Payment	
☐ Check # ☐ Credit Card		Must have Set Up with Billing Specialist)
Visa / MC / Discover Number The credit card number listed will be put on the participants accou		Exp. Date CVV elesson is not paid for at the time of the lesson.
ITTNESS: Member or legal guardian of a Member warrants and reindertake all physical activities and to use the facilities of The Princeventing Member or legal guardian of Member from active or prondition if one does so engage or participate. By execution of this or damages which may occur to Member or legal guardian of a Metalease of LIABILITY: The undersigned Member or a legal guardian of a Metalease of LIABILITY: The undersigned Member or a legal guardianty or sports participation are vigorous activities and may involved an equipment, and pursuant to the recreational assumption of ristaleases, discharges and/or otherwise indemnifies Princeton Club and/or causes of action by or on behalf of the Member or as legal or future, whether the same be known or unknown, anticipated or with the use of the services or facilities provided by the Princeton regligence of the Princeton Club its employees, trainers, coaches dembership and shall be interpreted under Wisconsin Law. CONSENT FOR MEDICAL TREATMENT: With full knowledge of amployees or representatives to administer emergency medical trafficipation in any sport activity. This consent also extends to the physician and/or other medical personnel and for them to provide the well-being. As a member I hereby release, hold harmless and administration of emergency care.  MARKETING RELEASE: Additionally, as a participant, I understale preparances and voices of any of my immediate children, is acceptant of the promotional materials used by Princeton Club. I have read, atture promotional materials used by Princeton Club. I have read, atture promotional materials used by Princeton Club. I have read, atture promotional materials used by Princeton Club. I have read, atture promotional materials used by Princeton Club. I have read, atture promotional materials used by Princeton Club. I have read, atture promotional materials used by Princeton Club.	nceton Club ("Princeton Classive exercise, or that was Agreement, the Member ember in, on or about The Jurdian(s) ("Member"") reduce the use of exercise or the risks and in considerate and its employees, trained guardian, any claims, deformed in the risk of injury, the Member or other Members. This is the risk of injury, the Member indemnify the above lister and that my appearance (ptable to use in marketing an	Club"), and has no disability, impairment or ailment ill be detrimental to their health, safety, comfort or a assumes full risk and responsibility for any injuries a Princeton Club's facility.  It cognize that fitness work out, exercise, physical of the equipment; and that a Member may suffer tion of the Member the Princeton Club facilities 25 (4) and (4m), Wis. Stats., the Member hereby eas, coaches or other Members as to any claims mands, actions or causes, and damages present or or as legal guardian arising out of, or connected against Princeton Club, regardless if due to the release shall remain in effect for the duration of one other medical emergency while working out or steed above to arrange for medical treatment by care as deemed appropriate to preserve life or d persons for any injury or damage related to it.e. photographs or video), and/or voice, or the grant material and will not be compensated for use in any
have read and fully understand the above statements. liscuss with Princeton Club any questions that I had a		

Signature:\_

Staff Name:\_

(Parent or Guardian Signature if Participant Under 18)