



Four Lakes Athletic Club

351 E. Morrissy Dr., Elkhorn WI 53121
 262-743-2000 fax: 262-743-2027
 www.flaconline.com

Tennis Class Registration

Date _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Emergency Contact _____

Phone _____

Medical Concerns: (please note any diet limitations, allergies, medications or additional conditions which may affect participation.) _____

Participant/s Name/s	Date of Birth M/Day/Yr (Jrs. Only)	Age & Grade (Jr Program Only)	Gender (please circle)	Session #	Class	Day		Time	Class Fee
						1. First Choice	2. Second Choice		
1.		/	M / F			1.	2.	1.	2.
2.		/	M / F			1.	2.	1.	2.
3.		/	M / F			1.	2.	1.	2.
4.		/	M / F						
								2nd Child Discount	-
Annual Junior Membership \$135 per student, \$67.50 each additional student in the same family.						Junior Membership Fee			
Total									

Signature Required
(I have read and agree with the terms and conditions on the Liability Waiver.)

Parent, Guardian, Adult Participant

HOUSE CHARGE CHECK ENCLOSED

VI SA/MASTERCARD

Credit Card # _____ - _____ - _____ - _____

Expiration Date ____ / ____

Authorized Signature _____

Registration may be mailed, faxed, or delivered with payment.

PLEASE FILL OUT THIS FORM COMPLETELY
 AND SIGN THE LIABILITY WAIVER.
 THANK YOU

Participant Liability Waiver and Hold Harmless Agreement



PLEASE READ AND SIGN
ON THE REVERSE SIDE

Please read this form carefully and be aware that by registering for and participating in this program(s), or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend the Four Lakes Athletic Club and all the employees and agents of Four Lakes Athletic Club for any claims arising out of participation in said program(s).

Risk of Injury

As a participant in the programs of Four Lakes Athletic Club, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities and programs of Four Lakes Athletic Club.

Waiver of Injury Claims

I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities and programs of Four Lakes Athletic Club.

Release from Liability

I do hereby fully release and discharge the Four Lakes Athletic Club and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.

Indemnity and Defense

I further agree to indemnify, hold harmless and defend the Four Lakes Athletic Club and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities and programs of Four Lakes Athletic Club.

In the event of any emergency, I authorize Four Lakes Athletic Club to secure from any licensed hospital, physician, and or/medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Please sign on reverse side.