



FIVE SEASONS  
FAMILY SPORTS CLUB

## Registration Form

Name \_\_\_\_\_ Mbr # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email address \_\_\_\_\_ BD \_\_\_\_\_

Class/Name of Program \_\_\_\_\_

Day(s)/Time(s) of Class \_\_\_\_\_

**New 2011: Please circle which sessions you wish to register you or your child for. Billing will be done during the first month of each session. If you wish to pay for each session over 2 months, please circle installment. You must notify the tennis office if you need to make any changes in this registration.**

**Fall**  
**Aug. 15- Oct. 9**  
*NO CLASS 9/3-9/5*

**Winter 1**  
**Oct. 10 – Dec. 18**  
*NO CLASS 11/24-11/27*

**Winter 2**  
**Jan. 2 – Mar. 11**

**Spring**  
**Mar. 12 – May 27**  
*NO CLASS 4/08*

### **INSTALLMENTS**

***Please note any late start or attendance other than full time***

It is expressly agreed that all use of Five Seasons Sports Club's facilities/programs shall be undertaken at the participants sole risk, and the Club shall not be liable for injuries or damages to participants or users, including, without limitation, those injuries or damages resulting from acts of active or passive negligence on the part of the Club, its owners, officers, employees, or agents. Each participants for himself/herself and family members, and on behalf of his/her executors, administrators and assigns, expressly releases, forever discharges and waives any claims against the club, its successors and assigns, as well as its owner, officers, employees and agents, from all such claims, injuries, damages, actions or causes of action.

Signature of Participant (Parent/Guardian):

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

### **For Office Use Only:**

Date paid/billed \_\_\_\_\_ Amount \_\_\_\_\_ Employee Initials \_\_\_\_\_

Phone # (317) 582-1550

Fax # (317) 582-0525