



# 2021 WINTER Tennis Programs

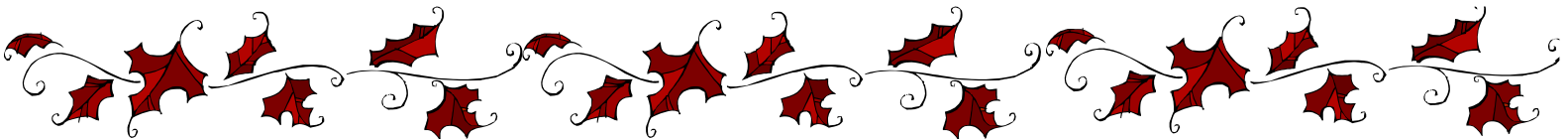


## POLICIES:

- **DUE TO THE CURRENT PANDEMIC, CLINIC FEES ARE NON REFUNDABLE, UNDER ANY CIRCUMSTANCE. NO MAKEUPS. NO CARRYOVERS. NO TRANSFERS.**
- We have created a special schedule for Winter 2021 to address the COVID-19 pandemic and ongoing requirements for Indoor Businesses in the State of Maryland. This schedule was created due to the uncertainty of COVID-19 restrictions in the coming months.
- Students who are registered and participating in a clinic will continue to have first priority to keep their spot for the next session.

THANK YOU FOR YOUR PATIENCE AS WE CONTINUE THROUGH THESE UNCERTAIN TIMES. Our #1 Priority is the safety of our students and our instructors.

*Continue to stay updated on programs, announcements and important information by following us on Facebook. ALL news and information will be posted there first! Make sure your notifications are "on" and follow: BETTER TENNIS, LLC & ELKTON INDOOR TENNIS!*



## WINTER 2021 Tennis Registration Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Email:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Level of Play: \_\_\_\_\_ Clinic/Day/Time: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_ Payment: VISA MC Other(specify): \_\_\_\_\_

VISA/MC # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code# \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I, hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against Better Tennis, LLC and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at the activities for which I am requesting. Parent or legal guardian must sign for any child 18 and under, entering a program. I give permission for myself and/or my child to be photographed while participating or attending a BTLLC activity. I understand that photos may be used in future publicity. I agree to all program policies.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- ◆ Due to limited space, clinic fees are non-refundable. Only Paid Registration will secure your space.
- ◆ Questions? Call 410-398-8282, E-mail: CompleteTennis@aol.com, **Fax Registrations to 410-392-8917**