



Adult Beginner Clinic  
4 consecutive weeks of group beginner lessons

Player Name \_\_\_\_\_

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

Email \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Class Time\_: \_ \_\_\_\_\_ Start Date: \_\_\_\_\_

\$60.00 for 4-week session, we are not responsible for any missed clinics once a player has registered and paid for the 4 designated weeks.

Payment Cash/ Check/ Venmo\_ \_\_\_\_\_

The Greenville Tennis Club urges all program participants to obtain a physical examination from their physician prior to the use or participation in club activities. I recognize the possible dangers connected with any physical activity and hereby knowingly and voluntarily waive any right or cause of action of any kind whatsoever arising because of such activity from which any liability may or could accrue to the Greenville Tennis Club, its officers, agents, employees, or instructors. I grant this organization the right to take photos of the class I participate in and appear in media photos under this waiver and release of liability for the Greenville Tennis Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_