

**FAIRFAX CLUB ESTATES JUNIOR TENNIS PROGRAM REGISTRATION  
SUMMER 2014**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_

Mom: Work: \_\_\_\_\_ Dad: Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

**E-Mail address(es):** \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact – Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Information \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ age \_\_\_\_\_ to participate in the Fairfax Club Estates Junior Tennis Program during the 2014 season. Fairfax Club Estates Homeowners Assoc., Fairfax Club Estates Tennis Committee, its agents and assigns are expressly held harmless, released and forever discharged from all liabilities which may arise as a result of my child's participation in this activity.

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

**Registration Fees**

\$ 50.00/Mini player \_\_\_\_\_ 8 and under

\$100.00/Player \_\_\_\_\_

\$125.00/Non-resident \_\_\_\_\_

**TOTAL PAID:** \_\_\_\_\_

Checks made payable to: John Myers

Return form and payment(s) to Christine Ludolph at 10665 John Ayres Dr. If you have any questions, please contact Christine Ludolph @ 703-250-1670 or 703-851-4590 or [timoneva@verizon.net](mailto:timoneva@verizon.net)

