

**FAIRFAX CLUB ESTATES JUNIOR TENNIS PROGRAM REGISTRATION
SUMMER 2017**

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 2017 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

\$ 60.00/Mini player _____ 8 and under

\$110.00/Player _____

\$135.00/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 cjludolph1@gmail.com