



Print and mail back to AMP Tennis LLC., PO Box 991 Concord, NC 28026-0991

AMP Junior Star Tennis Academy Enrollment Form

Name _____ Age ___ Date of Birth _____

Home Phone # _____ Mobile Phone # _____

Work Phone # _____ Email Address _____

School Attending _____ Grade Level _____

Parents _____

Mailing Address _____

City _____ Zip Code _____ Site Location _____

Please circle the class your child plans to attend:

TNS 4 TOTS Twinkle Stars Tiny Stars

Future Stars Superstars Tournament Stars

Please circle the days your child plans to attend:

Monday Tuesday Wednesday Thursday Friday Saturday

Waiver Liability

We, (I) the parent/guardian give permission for _____ to participate in the AMP Tennis, LLC. tennis program(s). We, (I) hereby waive and release AMP Tennis LLC., and its staff or instructors from any liability, injury or illness incurred while participating in the programs. I have no knowledge of any physical impairment that would be affected by my child's participation in the programs.

Signature

Printed Name

Date