



SHOT SELECTIONS
2020 ADULT LESSON APPLICATION FORM

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____

Level of Play: _____

Programs/Sessions: _____

Paid by: CASH _____

CHEQUE # _____

Cheque made payable to SHOT SELECTIONS

WAIVER & RELEASE OF LIABILITY

I, _____ the undersigned hereby waive all rights against **SHOT SELECTIONS** and **ROSETHORN TENNIS CLUB**, its staff, contractors, instructors, and representatives from any and all claims, demands, costs, expenses or damages of any kind whatsoever resulting from any loss or injury of any kind which may occur while the member is participating in any activity either on or off the grounds of **ROSETHORN TENNIS CLUB**.

Name (please print): _____

Signature: _____ Date: _____