

Name: \_\_\_\_\_ Grade 2018/19 \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ School: \_\_\_\_\_

**Camp One: May 21-May 25 (Mon – Fri)**  
 K-5<sup>th</sup> 10:00-12:00 pm \$60  
 6<sup>th</sup> – 12<sup>th</sup> 2:00 - 4:00 pm \$60

**FTA Family Tennis: All ages welcome 2:00-4:00pm**  
**Sunday June 3 Sunday June 10**  
**\$10.00 Individual \$25.00 Family of 4 per session**

**Punch Card (\$5 increments) 11 punches for \$50.00**  
 (Can be used for any 2018 FTA programming)

**Junior Compass Tournament (Grades 6-12)**  
**June 4– June 8 (5 separate mini tournaments)**  
 Daily rate 1:00-4:00 pm \$15 per day  
 Monday Tuesday Wednesday Thursday Friday

**Stroke of the Day**  
**Grades 6-8 2-3pm Grades 9-12 3-4pm**  
 June 11– June 15 June 18- June 22  
 June 25-June 29 July 2- July 6 (No July 4)  
 July 9-July 13 July 16-July 20  
 Daily Rate \$10 for 1 Weekly rate \$45.00  
 or \$15 for 2

List Days: \_\_\_\_\_

List days attending if Daily rate is selected.

Select Daily or Weekly rate if dates are selected.

**Private lessons:**

With a local professional coach or the visiting professional John McElroy (July 9 thru July 22)

1 Hour in duration Members \$50

1 Hour in duration Non-members \$75

# of hours scheduled:

Private lessons must be scheduled with Operations Manager (Phone, email or in person)

**Mailing Address:** PO Box 73993, Fairbanks AK 99707

**Call:** (907) 455-4301 message phone for more information leave a message.

**Email:** fairbankstennis@gmail.com

**Website:** [www.fairbankstennis.com](http://www.fairbankstennis.com) and Facebook  
 Call 455-4301 to check message for cancelled classes.



**FTA Membership:\*** Individual: \$ 20.00 Family: \$30.00

\*\$5.00 of your membership fee is a tax deductible contribution to FTA Endowment Fund

Family members \_\_\_\_\_

Do you want to receive **FTA Updates** by e-mail? Yes No

**FTA Newsletter** electronic version only Yes No

**SKILL LEVEL:** Check one:

Beginning Intermediate Advanced

**FTA USE ONLY:**

**Individual Membership** \_\_\_\_\_ x \$20 .00 **FORM** \_\_\_\_\_ **OF** \_\_\_\_\_  
**Family Membership** \_\_\_\_\_ x \$30.00 **Total** \_\_\_\_\_  
**Total** \_\_\_\_\_

**Punch card** \_\_\_\_\_ X \$50.00 **Total** \_\_\_\_\_

Circle which Grade

**Camp One / K-5 grade** \_\_\_\_\_ **6/12 grade** \_\_\_\_\_ x \$60.00 **Total** \_\_\_\_\_

**Stroke of the Day**

**6-8 grade 9-12 grade Weekly** \_\_\_\_\_ X \$45.00 **Total** \_\_\_\_\_

**JR Compass**

**Tournament Daily rate:** \_\_\_\_\_ x \$15.00 **Total** \_\_\_\_\_

**FTA Family Tennis** \_\_\_\_\_ **\$25.00** **Total** \_\_\_\_\_

**Family Tennis Individual** \_\_\_\_\_ **\$10.00** **Total** \_\_\_\_\_

**Private Lessons** \_\_\_\_\_ x \$50.00 **Total** \_\_\_\_\_

**Nonmembers** \_\_\_\_\_ x \$75.00 **Total** \_\_\_\_\_

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

**PAID BY:** Cash, Check # \_\_\_\_\_ **GRAND TOTAL:** \_\_\_\_\_

Credit Card \_\_\_\_\_

**Form processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Are you eligible for reduced or free school lunch?** Yes No

**Releases**

**Participation and medical consent:**

I, the parent/guardian of registrant, a minor, give my approval for him/her to participate in any and all FTA Tennis activities; I assume all risks and hazards incidental to my child's participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless, the organizers, volunteers, participants, and other persons, for any claim arising out of any injury to my child, whether the result of negligence or for any other cause. In the event of any medical emergency, I request that I be immediately called at the telephone listed below. If I am not available, I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, certified medical athletic trainer, and/or hospital during all periods of time in which the youth is away from his/her legal residence. Further I hereby waive, on behalf of myself and the above named youth, any liability arising out of such medical treatment.

**I give my consent for the use of photographs of my child for all FTA publicity, including for the FTA website, Facebook and newsletter, and for FTA releases to the public media.**

Yes No

If there are any health or physical limitations, please email Operations Manager at [fairbankstennis@gmail.com](mailto:fairbankstennis@gmail.com) or leave a message at 455-4301.

By printing my name below I certify that I agree to all the terms and conditions above.

Name: \_\_\_\_\_

Emergency Phones \_\_\_\_\_

Date \_\_\_\_\_