

Vision ACCESS (All Children Can Excel Starting Sooner)

Mission: Connecting kids and their communities through tennis and education to make a positive IMPACT on their lives overall as an individual

My primary facility___GTT @ Columbus High School Tennis Courts

My child will enroll for:

- month to month \$15 in person by check or cash ______\$16.50 by card or online______
 - \circ \quad Must be paid by the last day of the week following the first Sunday

• \$35/ quarter in person by check or cash_____\$37.50 by card or online_____

- o Must be paid by the 10th of the first month of the quarter: January, April, July, and October
- for the entire year \$120 in person by check or cash \$125 by card or online_____

Name	-
Birthdate/ Age	
Address	-
Phone Number	
Emergency contact	
Phone Number:	
Allergies/Medical conditions:	
Does your child have an Epi-penyesno	
Does your child have an inhaleryesno?	
I consent that my child,	
may participate in Golden Triangle Tennis programs. I state that the said minor is physically able to partic	cipate in said activity.
By signing this waiver, I assume all risks inherent in these activities, and accept full responsibility for any	and all damages or
injuries of any kind. I further understand that photographs and videos may be taken during the course of the	•
these photographs and video may be used for Golden Triangle Tennis publicity/marketing purposes. I hav	e read and understand
this release.	

Print Name

Signature of Parent/Guardian

Date

Tennis is a lifetime sport.

While working toward fulfilling our mission, we will provide a safe and fun learning environment for each child. Thank you for allowing your child(ren) to participate in our programs. Note: This form **MUST** be completed and returned to Golden Triangle Tennis administration before minor may participate.