

**FAIRFAX CLUB ESTATES
JUNIOR TENNIS PROGRAM REGISTRATION
SUMMER 2025**

Name _____ Age _____ Rising grade _____

Address _____

Parent/Guardian:

Work: _____

Cell: _____

Email: _____

Parent/Guardian:

Work: _____

Cell: _____

Email: _____

Emergency Contact-Name _____

Phone _____

Any medical issues we need to be aware of? _____

I _____ hereby grant permission for _____ to participate in the Fairfax Club Estates Junior Tennis Program during the 2025 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 _____

Registration Fees

\$ 85.00/Mini player _____ 8 and under

\$135.00/Player _____

TOTAL PAID: _____

Checks made payable to: John Myers

Return forms and payment **by June 1st**

@10812 James Halley Drive