



ad-in kids Registration Form

Toll free 917-880-7957 • adinkids@aol.com
www.adinkids.com

Child's Last Name _____
First Name _____ Age _____
Address _____
City _____ State _____ Zip _____
Mother's Name _____
Tel (H) _____ Tel (W) _____ Tel (C) _____
Father's Name _____ Tel _____
Email (please print clearly) _____
Child's School's Name, Address and Phone Number _____

Class Location/Date/Time Requested (select one):

Location	Day & Start Date	Time	1-hour or 45-minute Class	Cost
_____	_____	_____	_____	_____

Make check payable to **ad-in kids** and mail along with registration form to:
ad-in kids, 61 Jane Street, Suite 6D, New York, NY 10014

I agree to let my child participate in tennis. I understand that there are certain risks of injury in the participation of this sport and I am willing to assume these risks. I confirm that my child is capable of participating in tennis and that he/she is in good physical condition. In addition to giving full consent to my child's participation, I waive, release and hold harmless **ad-in kids**, its officers, coaches and representatives for any injury that may be suffered by my child. I grant permission for my child to receive medical treatment. I grant **ad-in kids** permission to use photographic images of my child in its promotional activities.

Policy and Make Up Lessons:

- One make up lesson per session for a missed lesson. Your child will be placed into another class that has available space. Please call 917-880-7957 to reschedule.
- Refunds will only be issued in the case of a medical situation. Documentation from a doctor must be provided.
- In the case of a child not willing to participate in the classes, a credit voucher will be issued. The voucher is non-transferable. In order to receive a voucher you must report no later than 48 hours after the second class.
- If a class is canceled due to a snow day (school closing) a make up will be given on another day to be announced. There will be only one snow day make up class given.
- Should a class be canceled due to lack of enrollment we will notify you in advance, return check and/or place your child in another class.

Parent Signature _____ Date _____