

# EAGLE FUSTAR TENNIS

## PLAYER PROFILE

### REGISTRATION APPLICATION



[www.eaglefustar.com](http://www.eaglefustar.com)

#### STUDENT PLAYER PROFILE

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Cell# \_\_\_\_\_ HM# \_\_\_\_\_

Female  Male Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMAIL: \_\_\_\_\_

School: \_\_\_\_\_

QuickStart - Recreational  DS - Performance

Day: \_\_\_\_\_, Time: \_\_\_\_\_  Private Student

#### MEDICAL INFORMATION

**Let us know if your child has the following:**

**Any Allergies?** ( Peanuts, Bees, Antibiotics etc.)

**Any special Medical Considerations?**

#### EMERGENCY CONTACTS:

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

Cell: \_\_\_\_\_

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

Cell: \_\_\_\_\_

#### PARENT INFORMATION \*\*\*Required\*\*\*

Mom \_\_\_\_\_

Dad \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom Cell # \_\_\_\_\_

Email \_\_\_\_\_

Dad Cell # \_\_\_\_\_

Email \_\_\_\_\_

*Please Print Clearly*

#### PAYMENT: Eagle Fustar Tennis

Please register via our On-Line website

[www.asaponlinereg.com/login.aspx?org=174](http://www.asaponlinereg.com/login.aspx?org=174)

#### CUSTOMER SERVICE CONTACT / QUESTIONS

Program Specialist / Rain Hot Line 408-770-7585

Email: [DSQSINFO@EAGLEFUSTAR.COM](mailto:DSQSINFO@EAGLEFUSTAR.COM)

*All Students Registration & Payment must be made before first day of Class*

#### MEDICAL RELEASE AND WAIVER

By signing below, the student/parent understands and accept that he/she or their child who is named above, is taking tennis lessons at his/her own risk.

**By Signing below, I accept all the conditions of EAGLE FUSTAR TENNIS and will pay the full amount required, before or on the day of tennis training.**

Print Name: First \_\_\_\_\_ Last \_\_\_\_\_

Parent / Guarding Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_