

CCRA ADULT & JUNIOR PROGRAM REGISTRATION
(For spring enrollment, contact Betsy directly at betsyrocket@gmail.com)

ADULT CLASSES:

Name _____ phone(h) _____ (w or cell) _____

e mail _____ level: _____

Check programs enrolling:

Clinic: _____ Day and Time: _____

JUNIOR CLASSES:

Student's Name _____ age _____ level: _____

Parent's name _____ (w or cell) _____

phone(h) _____ e mail _____

Check programs enrolling:

Program #1: _____ Day and Time: _____

Program #2: _____ Day and Time: _____

Program #3: _____ Day and Time: _____

Weeks/Dates: _____

Weeks/Dates: _____

All registration fees are non-refundable. See make-up policy for rained out classes, switching classes, injury, etc. Make-ups will be accommodated space permitting. Enrollment is confirmed with payment.

Liability waiver

Please sign liability waiver:

I have read and understood the cancellation and refund policy. CCRA and Betsy Heidenberger will incur no liability in the event of an injury or accident while participating in any activity during the programs which I have enrolled at the CCRA Swim and Tennis Club.

Signature _____ Date _____

Amount Enclosed: _____ (payable to **Betsy Heidenberger**)

Betsy Heidenberger
3521 Hamlet Place
Chevy Chase, Maryland 20815