

Tennis Dynamics Instructors Academy Application

Name _____ Home Phone # _____

Address _____ Cell # _____

City _____ State _____ Zip code _____

Birthdate: Month __ Day __ Year _____ County residing in _____

TIN (Tax ID) # _____

Playing experience (# of years) _____ Level of play _____

Teaching experience(# of years) _____ USTA rating _____

Eta player ranking (if any) _____

After graduation are you interested in part time work supplementing your new business profession? _____

If so when would are you available (Circle choices) Spring ,Summer ,Fall

Please indicate the counties you prefer to service: Passaic, Bergen, Morris

Check days that you are available for work

Mondays__ Tuesdays__ Wednesdays__ Thursdays__ Fridays__ Saturdays__ Sundays__

Session you wish to be enrolled into _____

Waiver

I realize that the above application is not a job application and makes no promise of being hired as an "Employee" of Tennis Dynamics . I also realize that if I should incur any injuries while, participating in the training or conducting other services for Tennis Dynamics that I will not hold Tennis Dynamics LLC, the director, Bill Bess, or any affiliated community in which I service liable for payment of medical expenses or damages resulting from any such injuries.

Signature _____ Date _____