

REGISTRATION FORM and AGREEMENT

Junior Programs - 10 and Under

May/June 2019

PLAYER INFORMATION

New Member ___ Existing Member ___ Existing w/changes ___

 First Name Last Name Date of Birth

 USTA Membership Number UTA Profile Number School and Grade Level

PARENT/GUARDIAN

 First Name Last Name Email Address

 Street Address City State
 Zip

 Home Phone Cell Phone Business Phone

 Emergency Contact Name Relationship to Player Emergency Phone

Clinics (Circle One)

<u>Clinic</u>	<u>Starting Date</u>	<u>Duration</u>	<u>When</u>	<u>Fee</u>
Red Ball	5/4/19	7 Weeks	Saturday 4:00-5:00	\$140
Orange Ball	5/4/19	7 Weeks	Saturday 5:00-6:00	\$140
Green Ball	5/4/19	7 Weeks	Saturday 6:00-7:00	\$140
Green Ball	5/3/19	7 Weeks	Friday 5:00-6:30	\$200

Private Lessons By Arrangement – Please Contact Pro Shop

No Clinic on 5/24 & 5/25

PAYMENT INFORMATION

A deposit of 25% is required at the time a program reservation is made. This deposit is non refundable. The balance is due by the end of the first week and second week for 4 and 8 week programs, respectively.

Payment for weekly programs and private lessons is due at the start of the lesson or weekly program.

Participation in programs is for the full programs. No refunds will be given for withdrawal or absence after the session begins. Make ups for classes missed are not guaranteed by College Racquet Club.

Cash, checks and credit cards are accepted at the Pro Shop.

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

I agree that I am the parent or legal guardian of the named participant, and that we will abide by all the rules and regulations which now exist or which may be hereafter adopted or amended by College Racquet Club.

I further acknowledge and agree that there are certain inherent dangers in playing tennis and in participating in other programs, services and activities at College Racquet Club and that College Racquet Club shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant in, on or about the premises of College Racquet Club, or arising out of the use or intended use of any facilities, equipment or other property of College Racquet Club.

I hereby further declare that the named participant to be physically sound and suffering from no conditions, impairments, disease, infirmity or other illness that would prevent his or her participation in College Racquet Club programs, services and activities. In the case of accident or injury to the named participant, and if an emergency contact person cannot be reached, I grant College Racquet Club permission to obtain medical attention if necessary for which I will be financially responsible.

College Racquet Club reserves the right to cancel this contract at any time, at its sole discretion, and College Racquet Club's sole liability shall be to refund any amounts previously paid on a pro-rata basis.

College Racquet Club reserves the rights to close courts for repair or alteration. College Racquet Club reserves the right to photographs or video taken at the facility to be used for publicity or advertising. If the named participants or participant's legal guardian's email address are provided above, College Racquet Club is authorized to contact them at such address directly.

Parent/Guardian Signature

Date