

Spring Junior Development Program 2012



with *Lynne Rolley*

1 Tunnel Rd

Berkeley, CA 94705-2429

510.841.9023 • lynne.btc@sbcglobal.net

1) REGISTRATION FORM (Please PRINT) – Send or deliver completed form, waiver and payment to Lynne Rolley c/o Berkeley Tennis Club, 1 Tunnel Rd., Berkeley, CA 94705.

Player Name: _____ Age: _____ Birthdate _____

Parent's Names _____

Emergency contact #1: _____ Phone #1: _____

Emergency contact #2: _____ Phone #1: _____

E-mail: _____

Clinic Sign-Up: Class Level: _____ Day/s: _____

2) MEDICAL AND DAMAGES WAIVER

Name of Participant/ (Please Print)

I, the undersigned, certify that I am the legal parent/guardian of above-named participant, and that he/she has my permission to participate in this activity.

I agree to assume full responsibility for any injuries incurred by him/her in connection with this activity.

Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted for the Berkeley Tennis Club/Lynne Rolley staff to obtain medical treatment as deemed necessary.

Furthermore, the undersigned understands that all damages caused by the above-named minor shall be paid by the minor or the undersigned to the owner(s) of damaged item(s). Undersigned also realizes that he/she will be contacted immediately if the minor fails to comply with acceptable rules of conduct.

The undersigned, in consideration of participation in this activity, agrees to indemnify and hold Berkeley Tennis Club/Lynne Rolley harmless and release its officers, employees and agents from any liability for any injury arising out of or in any way connected with participation in this activity. I further understand that Berkeley Tennis Club/Lynne Rolley does not carry medical insurance.

I have read and understand the above, and signify my agreement and approval with my signature.

Name of parent/Legal guardian/Please Print

Signature of parent/guardian

Date _____

OFFICE USE ONLY

Amount Due \$ _____

Paid \$ _____

Check # _____ Cash

Bill