

# Junior Development Program- Spring 2010 with Lynne Rolley



## 1) REGISTRATION FORM (Print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you a club member?: Yes \_\_\_\_\_ No \_\_\_\_\_

Clinic Sign-Up Level: \_\_\_\_\_ Day/s: \_\_\_\_\_

## 2) MEDICAL AND DAMAGES WAIVER

\_\_\_\_\_  
Name of participant ( **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/guardian [ **Print** ]

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Return completed form with  
payment to:

Lynne Rolley –Tennis Director  
Berkeley Tennis Club  
1 Tunnel Road  
Berkeley, CA 94705-2429