

Berkeley Tennis Club Summer Tennis Program

Send completed registration & waiver form with payment, cash or check only,
to Berkeley Tennis Club

Parent Name: _____

Email Address: _____

Home Address: _____

Phone #: _____

Are you a BTC member? _____

Emergency Contact: _____

Emergency Phone #: _____

Camp Type: _____

Week Number(s): _____

Other/Notes: _____

Participant Name: _____

Age: _____ Birthdate: _____

Player Medical Conditions: _____

Medications (including inhalers): _____

Child's MD: _____

MD's Phone #: _____

MEDICAL AND DAMAGES WAIVER

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 the 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 Berkeley Tennis Club & 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 the activity, agrees to indemnify and hold Berkeley Tennis Club harmless and release its offers, employees and agents from any liability of any injury arising out of or in any way connected with participation in the activity. I further understand that Berkeley Tennis Club 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/please print _____



Signature of parent/guardian _____ Date _____

Amount Due \$ _____ Date Paid _____ Check # _____ Member # _____

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