

# Berkeley Tennis Club After School Tennis Program

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

Parent Name: _____	Participant Name: _____
Email Address: _____	Age: _____ Birthdate: _____
Home Address: _____	Medical Conditions: _____
Phone #: _____	_____
Are you a BTC member? _____	Medications (including inhalers): _____
Emergency Contact: _____	_____
Emergency Phone #: _____	Child's MD: _____
_____	MD's Phone #: _____
Group #: _____	
Days attending: _____	
Morning Practice: _____	

**Please see back side for BTC Refund Policy!**

## MEDICAL AND DAMAGES WAIVER & REFUND POLICY AGREEMENT

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.

Further, I acknowledge that I have read and agree, in full, to the terms of the BTC Tennis Lessons/Clinics/After School Program/Summer Camp Refund Policy located on the back side of this form. \_\_\_\_\_ (INITIAL HERE)

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 # \_\_\_\_\_

1 Tunnel Road • Berkeley, CA 94705 • 510-841-1380 • [www.berkeleytennisclub.org](http://www.berkeleytennisclub.org)

# BTC REFUND POLICY

## Tennis Lessons/Clinics/After School Program/Summer Camp

### Private Lessons:

Cancelling **24 or more hours no charge**. Less than 24 hours, 100% charge.

### Clinics:

Cancelling **24 or more hours no charge**. Less than 24 hours, 100% charge.

### After School Program:

Withdrawal from program within 1 week of program's start date, 100% refund.

After **2nd week** withdrawal from program = 75% credit, no refund.

After **3<sup>rd</sup> week** withdrawal from program = 50% credit, no refund.

After **6<sup>th</sup> week** withdrawal from program = balance in credit, no refund.

### Summer Camp:

Withdrawal more than **1 month** prior to camp start, 100% refund.

Withdrawal **2 weeks to 1 month** prior to camp start, 80% refund.

Withdrawal **less than 2 weeks** prior to camp start, 50% refund.

