

CTC Fall 2010 Junior Clinic
Non - Member Registration Form
September 7 – October 29
Fax Forms to: 415-346-7020

Parent/Guardian's Name(s):

Child's Name:

Non-Member Fees:

“Black Beauty” Beginner Group (Ages 5-7): \$240 per child:
Minimum 8 Classes of 15 Potential Classes - Each additional class is \$30
Meet Monday and Friday 3:30-4:30 p.m.

“Secretariat” Development I Group (Ages 8-11): \$300 per child:
Minimum 10 Classes of 23 Potential Classes - Each additional class is \$30
Meet Tuesday, Wednesday, and Friday 3:30-4:30 p.m.

“Sea Biscuit” Development II Group (Ages 11-14): \$400 per child:
Minimum 8 Classes of 15 Possible Classes - Each additional class is \$50
Meet Tuesday and Friday 4:30-6:00 p.m.

“Zenyatta” (Ages 12 & Older): \$600 per child: **Minimum 10 Classes of 15 Possible Classes** - Each additional class is \$60
Meet Monday and Wednesday 4:30-6:30 p.m.

In order to qualify for “Zenyatta” each player should be ranked or playing Singles on their High School Teams or:

1. Northern California Ranking of top 15 in the boys/girls 12's
2. Northern California Ranking of top 20 in the boys/girls 14's
3. Northern California Ranking of top 30 in the boys/girls 16's
4. Northern California Ranking of top 50 in the boys/girls 18's
5. Any National ranking in the top 100
6. College tennis player
7. Adult with past college or junior tennis experience

***** The CTC Coaches will have the final decision on which players have a ranking high enough to qualify for the Zenyatta level *****

CLASS SELECTION

Below, please circle each clinic you would like to register your child for.

Name: _____ Birth date _____

Clinic: Black Beauty Secretariat Sea Biscuit Zenyatta

Name: _____ Birth date _____

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Name: _____ Birth date _____

Clinic: Black Beauty Secretariat Sea Biscuit Zenyatta

BILLING INFORMATION

Total amount to be billed: \$ _____

Credit Card Type (Visa or MC only): _____

Credit Card #: _____

Expiration Date: _____ Zip Code: _____

I understand that my credit card will be charged for the clinic rate. I also understand that if my child (children) take more than the prescribed number of lessons, my credit card will be charged for those number of lessons over the basic level at the end of the Fall Session. I understand that no refunds will be given for CTC Jr. Fall Clinics after 4:00pm , Friday, September 3 . I further understand that there will be no credits given for the Fall Clinics. **Failure to attend the minimum number of classes will not result in a credit or refund.**

Parent/Guardian Signature

**CALIFORNIA TENNIS CLUB
ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY
AND INDEMNIFICATION AGREEMENT
(With Consent of Parent or Guardian of Minor)
THIS IS AN IMPORTANT LEGAL DOCUMENT.
READ IT CAREFULLY BEFORE SIGNING.**

This Agreement is given by me for the benefit of the California Tennis Club and its affiliates, agents, employees, directors, officers, and insurers (collectively “the Club”). By executing this Agreement I am binding myself, and/or the minor participant named below, including but not limited to, my/his/her children, heirs, estate, personal representatives, assigns, and next of kin. In consideration of being allowed, in any way and for any purpose, to use the facilities of, and participate in the activities of, the Club I agree that:

1. RISKS.

I acknowledge and fully understand that I, or the minor participant named below, will be voluntarily engaging in activities that may involve RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND/OR DEATH. Severe social and economic losses might result from these risks. These risks may arise not only from my/his/her own actions, inaction or negligence, but the actions, inaction or negligence of others, including, but not limited to, the Club, the rules of play or the condition of the premises or the condition of any equipment. Further, other risks, not known to me or not reasonably foreseeable at this time, may exist.

I will inspect the facilities and equipment and if I believe anything is unsafe, I will advise the Club immediately and refuse to participate, and/or refuse to allow the minor participant named below to participate.

2. ASSUMPTION OF ALL RISKS, WAIVER AND RELEASE OF LIABILITY.

I, on behalf of myself, and/or the minor participant named below, ASSUME ALL RISKS associated with my/his/her use of, or participation in, activities of the Club.
I RELEASE AND WAIVE THE CLUB FROM ALL LIABILITY, CLAIMS OR DEMANDS arising out of my participation at and use of the Club and/or the participation at and use of the Club of the minor participant named below even if the liability arises out of the Club’s own negligence, the negligence of another, or out of negligence that may not be foreseeable at this time. I hold harmless, discharge and agree not to sue the Club for any liability arising out of my use or participation, or the use or participation of the minor participant named below, of the Club.

3. INDEMNIFICATION.

I will indemnify the Club for any loss, liability, damage, or cost it may incur due to my use of or participation in the activities of the Club or the use of or participation in the activities of the Club by the minor participant named below whether caused by the negligence of the Club or otherwise.

4. WAIVER OF CALIFORNIA CIVIL CODE SECTION 1542. I expressly waive, on behalf of myself and/or the minor participant named below, the benefit of California Civil Code Section 1542 that provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the Release, which if known to him must have materially affected his settlement with the debtor.

5. REPRESENTATION OF GOOD PHYSICAL CONDITION. I represent that I, or the minor participant named below, are in sufficiently good physical condition to participate in the programs and activities of the Club without jeopardizing my/his/her health. I currently have, or the minor participant indicated below has, no known physical or mental condition that would impair my/his/her capability and I/he/she are fully fit to participate in the activities of and use the facilities of the Club.

6. ENTIRE AGREEMENT. No oral representations, statement or inducements apart from this written Agreement have been made. If any portion of the Agreement is determined invalid, the balance shall continue in full force.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant (Please print) (Date)

Participant Signature (If Over 18) (Date)

FOR MINORS (UNDER THE AGE OF 18) PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I, the undersigned, represent that I am the parent or legal guardian of the participant named above and by my signature below I agree to the terms of this Agreement on behalf of the minor participant named above.

Signature of Parent or Legal Guardian

Date

Parents' Name _____

Home Phone # _____

Cell Phone # _____

Address _____

Emergency Contact _____ **Phone#** _____