

Emerald Hills Junior Tennis Registration Form

Name _____
Last First MI

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ Male/female _____

Name of Parent or Guardian _____
Last First

Relationship to Child _____ Work # _____

Home Phone _____ Cell _____

Does your child have any allergies or special needs? If so please list:

Date of Camp(s) _____

Circle Level of play (estimated) Beginner / Intermediate / Advanced

Camp fees: \$ _____ Total amount enclosed \$ _____

Please make checks payable to:

Emerald Hills Junior Tennis - Elks
938 Wilmington Way
Redwood City, Ca. 94062

Sorry - no credit cards accepted!

To fulfill this registration. please send in your completed registration and waiver forms along with your payment. Completed forms are necessary for each individual camper and for each camp.

PLEASE FILL OUT REVERSE SIDE!!!! (or page 2)

Emerald Hills Tennis Program Junior Tennis Camp - Release and Waiver Form

Welcome to the Emerald Hills Tennis Program. The purpose of this form is to inform you of your rights when participating in a physical activity at the Emerald Hills Tennis Program.

Any program of physical activity will involve a certain amount of strenuous exercise.

Please provide, on the bottom of this form, the name(s) and address(es) of person(s) to notify in case of emergency while your child is attending camp.

In consideration of the consent of the Emerald Hills Tennis Program, I hereby assume all risk of injury or damage to my property, whatever occurring, and however long said activity program may continue, and I hereby release the Emerald Hills Tennis Program, its officers, agents, or employees from any and claims and demands or liabilities for any injury to my child, including death, or to my property in any way arising out of incidental activity program, except such injuries or damage caused solely by the gross negligence or willful misconduct, of the officers, agents, or employees of the facility.

Please note: The Emerald Hills Tennis Program does not provide any insurance coverage for students enrolled in this program.

I have read and understand the above information regarding my child participation in the Junior Tennis Camp Program at the Emerald Hills Facility.

Sign by _____ Date _____
Parent/ Guardian

Childs Name _____
Please Print

EMERGENCY CONTACT DURING CAMP TIME - MUST COMPLETE

Relationship _____
Name _____

Phone _____ Cell phone _____

Address _____

City _____

E-mail _____

Please complete an application for EACH CHILD and for EACH SESSION