



JUNIOR TENNIS REGISTRATION FORM

Peninsula Community Center
3623 Jefferson Ave. Redwood City, CA 94062 Phone (650) 364-6272
www.PeninsulaCommunityCenter.com

<input type="checkbox"/>	New registration
<input type="checkbox"/>	Renewal

(One form per child)

LEVEL

Pee Wee Th only
 Mighty Mite I Tu Th
 Might Mite 2 Tu Th
 Hot Shot Mon Wed
 Future Star Mon Wed
 Star Mon Wed

SEASON
 Fall
 Winter
 Spring
 Summer (Pee Wee only)

SESSION(S) *check all that apply*
 Session 1
 Session 2
 Session 3
 Full Quarter
 AM only
 PM Only

PEE WEE SUMMER:
 Session 1
 Session 2
 Session 3
 Session 4
 Session 5 (1 week only)

Please see program brochure for pricing info

Player's Last Name _____ First: _____ Male Female

Birth date: _____ Age _____

Parent's Name(s) _____

Street Address _____ City/ Zip _____

Telephone (_____) _____ Mobile : (_____) _____

Email _____

PCC Members may charge their account: ID#: _____

Important Information:

- Please register child and pay for class by first day, for each session.
- Classes with fewer than six students may be shortened or the number of classes reduced.
- **No Drop-In sessions unless pre-approved by Francisco or Sid.**
- Refunds/credits given ONLY if a notice to withdraw from class is submitted 7 days in advance of a session start date.
- No make-up lessons, credits, refunds or pro-rates for missed classes
- On *rainy days* a structured athletic program will be held in the gym.
- There may be periodic extra activities, tournaments, etc. scheduled for each level. These are optional and at extra cost.
- If you opt for only one day per week, the charge will be 40% of the full fee.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY

Member and any Guest of Member hereby acknowledges and agrees that their use of facilities, services, equipment or premises and their participation in programs, outings and events whether on or off the premises of Peninsula Community Center (PCC) may involve risk of injury to persons and property, including those described below, and Member and any Guest of Member assumes full responsibility for such risks. In consideration of being permitted to enter and/or participate in activities of Peninsula Community Center for any purpose including, but not limited to, observation, use of facilities, services or equipment, or participation in programs, events and outings in any way, whether on or off the premises of Peninsula Community Center, Member and any Guest of Member agrees to the following:

Member and any Guest of Member hereby releases and holds Peninsula Community Center (PCC) and Peninsula Covenant Church (PCC) and their directors, officers, employees, affiliates and agents harmless from any and all liability to Member and Member's personal representatives, guests, assigns, heirs, and next of kin for any loss or damage of whatsoever nature to Member or any guest of Member.

Member and any Guest of Member hereby expressly waives any claim of liability for personal/bodily injury or damages of whatsoever nature or kind which occurs to member or any guest of member and for any loss of or injury to person or property of whatsoever nature whether on or off the premises of PCC. This waiver includes, but is not limited to any loss, damage or destruction of the personal property of the Member of any guest of any Member and is intended to be a complete release of any responsibility for any personal injuries and/or property loss/damage sustained by any Member or any guest of any Member whether on or off the premises of PCC.

Member and any Guest of Member also hereby agrees to indemnify Peninsula Community Center (PCCC) and Peninsula Covenant Church (PCC) and their directors, officers, employees, affiliates from any loss, liability, damage or cost incurred as a result of any claim of whatsoever nature made by Member, Member's agent or Member's guest.

Member represents (a) that Member is in good physical condition and has no disability, illness, or other condition that could prevent Member from exercising without injury or impairment of health, and (b) that Member has consulted a physician concerning an exercise program that will not risk injury to Member or impairment of Member's health. Such risk of injury includes (but is not limited to): injuries arising from use by Member or others of exercise equipment and machines; injuries arising from participation by Member or others in supervised or unsupervised activities or programs at PCC; injuries and medical disorders arising from exercising at PCC such as heart attacks, strokes, heat stress, sprains, broken bones, and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in PCC dressing rooms, showers and other facilities and including injuries off premises relating to a PCC activity. Member and Member's guest acknowledges that PCC has not and will not render any medical services including medical diagnosis of Member or Member's guest's physical condition.

Member further expressly agrees that the foregoing release, waiver and agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. Member has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

CONSENT/RELEASE & PHOTO FORM

In my absence and in the event of any emergency regarding my children, I hereby authorize the mentioned emergency contact person(s) or an adult leader of this program, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I grant to PCC the right to take photographs of me and my family in connection with the above-identified event. I authorize [insert organization], its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that PCC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.


Allergies (incl medication) _____ Physical limitations _____

Medical Insurance Co. _____ Doctor _____ Dentist _____

Emergency Contact 1 _____ Phone No. _____

Emergency Contact 2 _____ Phone No. _____

I hereby affirm that I have read and fully understand the above information.

 Parent's Signature _____ Date _____