



2012 Spring Break Tennis April 9 - 12

6 - 12 year olds



REGISTRATION FORM (Please PRINT) - Send or deliver completed form, waiver and payment to Thermal Tennis c/o Caughlin Athletic Club, 4100 Caughlin Parkway Reno NV 89519. *Pre-registration mandatory. MUST have 5 participants.*

Player Name _____ Age _____

Parent's Names _____

Address: _____ City _____ Zip _____

Emergency Phone(s) _____

Email Address: _____

Ages: 6 - 12 year olds (*Instructors will divide kids in appropriate level*)

Days: Monday through Thursday (*2.5 hours per day*)

Time: 9:00 am - 11:30 am

Cost: () \$100 member () \$115 non-member

Daily Drop-in Cost: () \$30 Member () \$35 non-member

__Mon __Tues __Wed __Thurs



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 this 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 the Caughlin Athletic Club/Thermal Tennis staff to obtain medical treatment as deemed necessary.

The undersigned, in consideration of participation in this activity, agrees to indemnify and hold Caughlin Athletic Club/Thermal Tennis harmless and release its officers, employees and agents from any liability for any injury arising out of or in any way connected with participation in this activity. I further understand that Caughlin Athletic Club/Thermal Tennis does not carry medical insurance.

I have read and understand the above, and signify my agreement and approval with my signature.

Signature of parent/guardian _____

Date: _____



OFFICE USE ONLY:

Amount Due/Paid \$ _____ Check Cash Credit Card Date: _____