



JUNIOR LEAGUE & HIGH PERFORMANCE TEAMS

FALL SESSIONS ONE & TWO TENNIS REGISTRATION FORM

1. Choose the class of your choice and circle preferred dates
2. Complete the registration and liability release form
3. Make check payable to ASRC
4. Mail registration form and check to:

Almaden Swim & Racquet Club (408)268-9556
C/O Tennis Office
6604 Northridge Drive
San Jose, CA 95120-5517

Participant's Name: _____ Age: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ School: _____
 Parent's Name: _____ E-mail: _____
 Emergency Contact (other than above) _____ Phone: _____
 In which of the following tennis programs would you like to enroll? _____
 Amount enclosed _____

Fall 2010 *Circle Session:* **Session One: (8 weeks: 8/23-10/15)** **Session Two: (8 weeks: 10/25-12/17)**
Weeks; 8/23 8/30 9/6 9/13 9/20 9/27 10/4 10/11 10/25 11/1 11/8 11/15 11/22 11/29 12/6 12/13

<u>JUNIOR LEAGUE TEAM</u>	T/Th	(1.5 hour x 16 classes)
	Time:	5:00-6:30
	Member cost:	\$320 8 wks, \$45 1 wk. Drop-in \$24
	Non-member cost:	\$416 8 wks, \$55 1 wk. Drop-in \$28
<u>HIGH PERFORMANCE TEAM</u>	M/W/F	(2.5 hour x 24 classes)
	Time:	3:30-6:00
	Member cost:	\$675 8 wks, \$90 1 wk, Drop in: \$30
	Non-member cost:	\$840 8 wks, \$110 1 wk. Drop in: \$40

RELEASE OF LIABILITY: I hereby authorize the staff of Almaden Swim & Racquet Club (ASRC) to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the tennis pros and the club for any and all liability for any injuries or illnesses while at ASRC. I have no knowledge of any physical impairment that would be affected by the above named participant(s) in the ASRC tennis program. My signature on this waiver also states that the above named participant(s) is/are covered by my personal medical insurance policy.

Signature of Parent or Guardian: _____ Date: _____

A **\$25 cancellation** fee may be charged unless notice of cancellation is received seven calendar days prior to the start of the class.