# QUICK-START TINY-TOTS, QUICK-START GROUP LESSONS, JUNIOR INTER-CLUB TEAM

## SUMMER 2010 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? _____

**Summer 2010** **Circle:** Time, Days and Sessions

***QUICK-START TINY TOTS*** **T/Th** **(2 week sessions) (45 minutes classes)**
**Mornings:** **8:45, 9:30, 10:15**
**Cost:** **$54 members**
**$69 non-members**
Circle weeks: 6/14 6/28 7/12 7/26 (1 week only)

***QUICK-START GROUP LESSONS*** **M/W** **(2 week sessions) (4, 1 hour classes)**
**Mornings:** **M/W 9:00, 10:00**
**Cost:** **$68 member (2 times per week)**
**$88 non-members**
Circle weeks: 6/14 6/28 7/12 7/26 (1 week only, $34 m, $44 nm)

***JUNIOR INTER-CLUB TEAM*** **M/W; M= practice 11am – 1pm W= match 1pm – 3pm**
**Session: 1** **Jun 14th** **(7 week summer league)**

**Member cost:** **$280 1st child $215 2nd child**
**$50 weekly**
**Non-member cost:** **$400 1st child $320 2nd child**
**$60 weekly**
Circle weeks: All 7 weeks 6/14 6/21 6/28 7/5 7/12 7/19 7/26

**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.