



Fall 2009

TENNIS REGISTRATION FORM

1. Choose the class of your choice
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
c/o Tennis Office
6604 Northridge Drive
San Jose, CA 95120-5517

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

2009 Fall Circle: Time, Days and Session

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

Group Lessons:	(M/W or T/Th)	Cost:	\$102 ASRC member	\$132 Non-member
Times:	4:00, 5:00, 6:00			
Session:	1 2 3			
Tiny Tots Tennis:	(T/Th)	Cost:	\$54 ASRC member	\$69 Non-member
Times:	3:00, 3:30			
Session:	1 2 3			
Junior Interclub:	(T/Th)	Cost:	\$135 ASRC member	\$185 Non-member
Times:	3:30 – 5:00			
Session:	1 2 3			
Junior Aces:	(T/Th)	Cost:	\$135 ASRC member	\$185 Non-member
Times:	3:30 – 5:00			
Session:	1 2 3			
Junior League	(T/Th)	Cost:	\$135 ASRC member	\$185 Non-member
Times:	5:00 – 6:30			
Session:	1 2 3			
High Performance	(M/W/F)	Cost:	\$295 ASRC member	\$414 Non-member
Times:	3:30 – 6:00 (4 wks.)	\$80 week	\$112 week	
Session:	1 2 3	\$30 drop-in	\$40 drop-in	
Circle Ability:	1. Novice Beginner	2. Beginner/Intermediate		
	3. Intermediate	4. Advanced Player		

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: _____