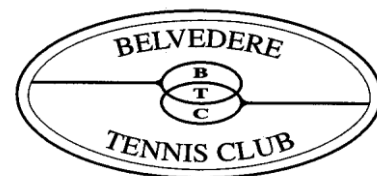


# BELVEDERE TENNIS CLUB

## TENNIS PROGRAM REGISTRATION FORM



Please complete form and return to the Belvedere Tennis Club. One person per form please.

### PARTICIPANT INFORMATION

First Name:

Last Name:

Parent Name: (if form is for a child)

Address:

City:

Zip Code:

Email Address:

Home Phone:

Other Phone:

### PROGRAM INFORMATION

Program Name (i.e. 2.5 Doubles Clinic or Tiny Tots):

Program Session (i.e. Winter I):

Class Options (i.e. 2 days a week -16 out of 20):

### EMERGENCY CONTACT INFORMATION (must put one person other than yourself)

Full Name:

Phone Number:

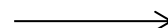
### HEALTH INFORMATION

Any Special Needs, Medications, or Health Information BTC staff should be aware of:

Belvedere Tennis Club 700 Tiburon Blvd. Tiburon, Ca 94920

PHONE (415) 435.4792

FAX (415) 435.3930



## CONSENT TO MEDICAL CARE AND TREATMENT FOR MINOR CHILDREN

I, \_\_\_\_\_, hereby give permission to Belvedere Tennis Club Staff to administer and/or give emergency treatment to my child, \_\_\_\_\_.

If I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, when deemed necessary or advisable by the physician or health care provider to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PARTICIPANT WAIVER

I acknowledge that I know, understand, and appreciate the inherent risks of my child participating in Belvedere Tennis Club (BTC) activities. I understand that strength, cardiovascular, flexibility, and other fitness activities involve strenuous, near-maximal exertions, and other activities involving risk. I understand that injuries can range from minor strains to paralysis and death. I hereby assert that my child is voluntarily participating in fitness activities at BTC and that **I fully assume the inherent risks** of such participation.

In consideration of my child being permitted to use the equipment and facilities at BTC, **I hereby release** (on behalf of myself, my family, my heirs, and my assigns) **BTC**, its employees, agents, and sponsors **from liability for any and all claims involving injury, death, or property loss** suffered by my child including those **which result from the ordinary negligence** of BTC, its employees, agents, or sponsors. This includes incidents that occur while participating in any fitness related activities at BTC, while using its facilities and equipment, or while engaging in any activities incidental thereto, wherever, whenever, or however the same may occur. **I give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.**

I agree to hold harmless, defend, and indemnify BTC from any and all claims (including the ordinary negligence of BTC, its employees or agents) arising directly or indirectly from my child's participation in fitness or other activities at BTC now or in the future. I further agree to pay all costs and attorney fees incurred by BTC in investigating and defending a claim brought by me on behalf by my heirs, personal representatives, or assigns, or by a third party (including claims by participants, rescuers, and others arising from my conduct at BTC).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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