



Palos Verdes Tennis Club
Spring Academy 2023
Fundamentals Registration Form
January 9-June 12



PV Tennis Academy Programs Monday through Friday

Time: 4:15-5:45 Ages 7+

Stroke production, Drills, & Games

Please Indicate below the day(s) you wish to register for

- | | | | |
|-------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|
| PVTC Member | | Non-Member | |
| <input type="checkbox"/> 1 Day/Week \$150/month | <input type="checkbox"/> 1 Day/Week \$170/month | <input type="checkbox"/> 2 Day/Week \$270/month | <input type="checkbox"/> 2 Day/Week \$300/month |
| <input type="checkbox"/> 3 Day/Week \$360/month | <input type="checkbox"/> 3 Day/Week \$420/month | <input type="checkbox"/> 4 Day/Week \$465/Month | <input type="checkbox"/> 4 Day/Week \$500/Month |
| <input type="checkbox"/> Drop-in \$45 | <input type="checkbox"/> Drop-in \$50 | <i>Sibling discount only for sign-ups of 2+ days/week</i> | |

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Auto-Renew

Auto-Renew will automatically register the student each month for the same days. You may cancel at anytime. Members get priority to auto-renew.

Please indicate any medical conditions or allergies below.

T-Shirt Size: **YS YM YL AS AM AL AXL** Circle one for each child

10% Sibling Discount



PalosVerdesTennisClub

Player Information

#1 Player: _____ Last Name: _____ DOB _____

#2 Player _____ Last Name: _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____ Cell Phone : _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Payment Information

Amount \$ _____ Cash Check Credit Card Account (circle one)

RELEASE AND WAIVER OF LIABILITY

In consideration of use of facilities and participation in **programs** and **events** provided by Palos Verdes Tennis Club, I/we agree to release, indemnify, defend and hold harmless PVTC, and their directors, officers, employees and agents (hereinafter "Indemnified Parties") from any loss, liability, claim, action, or suit (hereinafter "CLAIM") arising or alleged to arise from: (1) bodily injury or personal injury suffered by any party or Indemnified Parties' facilities; (2) any bodily injury or personal injury caused by a participant in Indemnified Parties' programs and events (including off-site trips) and /or; (3) property damage or loss suffered in connection with, or as a result of, my use and the Player's use of the facilities or participation in Indemnified Parties' programs and events including off-site events. I/we agree that I/we knowingly and voluntarily release and indemnify the Indemnified Parties from any such claim.

Signature of Parent/Guardian: _____ Date _____