

Palos Verdes Tennis Club

Spring Academy 2025

Challenger Registration Form

January 6th - June 6th



Time: 4-6pm Ages 9+ Intro to competitive play, Rallies & Skill development PVTC Member Non-Member 1 Day/Week \$210/month 1 Day/Week \$250/month 2 Day/Week \$375/month 2 Day/Week \$445/month 3 Day/Week \$530/month 3 Day/Week \$630/month 4 Day/Week \$705/month 4 Day/Week \$845/month Drop-in \$60 Drop-in \$70	Please Indicate below the day(s) you wish to register for Monday Auto-Renew Tuesday Wednesday Thursday Thursday Friday Please indicate any medical conditions or allergies below.
Sibling discount only for sign-ups of 2+ days/week	10% Sibling Discount (Packages only)
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 Na	me:
Address: City:	
Emergency Contact Information	
Name: R	elationship:
Phone #1: P	
Payment Information	
Amount <u>\$</u> Check Cre	edit 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 us e 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