

# College Greens Swim & Racquet Club

## Tennis Registration Form

Parent/Guardian name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/emergency #: \_\_\_\_\_

Email address: \_\_\_\_\_

### Course Registration

Course #: \_\_\_\_\_ Participant name: \_\_\_\_\_ Age: \_\_\_\_\_

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### Hold Harmless Agreement for Participation in College Greens Swim and Racquet (CGS&RC) Programs

**Hold Harmless Agreement:** I understand that serious accidents occasionally occur during recreational programs. Knowing the risk and in consideration of being permitted to participate in CGS&RC programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance CGS&RC, its officers, employees and agents from any and all liability for personal injury. This agreement shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted.

**Refunds/cancellations/transfer:** CGS&RC reserves the right to cancel, combined or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. Participants will be notified if the course is filled or canceled. If you cancel prior to three days prior to the start of the activity a \$5 processing fee per participant, per course will be assessed. If insufficient enrollment causes an activity to be cancelled you will receive a full refund.

**Permission for medical Treatment:** In case of an accident or injury, I authorize a staff member of the CGS&RC to call 911. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Please send registration form and payment to the Club or drop in mail slot no later than 3 days before course start date. Mailing address: College Greens Swim and Racquet Club 2707 Notre Dame Drive, Sacramento, CA 95826