

# Berkeley Tennis Club Tennis Program

Send completed registration & waiver form with payment: member number, cash, or check made out to Berkeley Tennis Club

Parent Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you a BTC member? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Group Number: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Preferred Time (Group 2 & 3 only): \_\_\_\_\_

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Player Medical Conditions: \_\_\_\_\_

Medications (including inhalers): \_\_\_\_\_

Child's MD: \_\_\_\_\_

MD's Phone #: \_\_\_\_\_

## MEDICAL AND DAMAGES WAIVER

I, the undersigned, certify that I am the legal parent/guardian of above named participant, and that he/she has my permission to participate in the activity. I agree to assume full responsibility for any injuries incurred by him/her in connection with this activity. Should a medical emergency arise, the parent/guardian will be notified immediately. If the undersigned is not available for consultation, permission is granted for Berkeley Tennis Club & staff to obtain medical treatment as deemed necessary. Furthermore, the undersigned understands that all damages caused by the above-named minor shall be paid by the minor or the undersigned to the owner(s) of damaged item(s). Undersigned also realizes that he/she will be contacted immediately if the minor fails to comply with acceptable rules of conduct.

The undersigned, in consideration of participation in the activity, agrees to indemnify and hold Berkeley Tennis Club harmless and release its offers, employees and agents from any liability of any injury arising out of or in any way connected with participation in the activity. I further understand that Berkeley Tennis Club does not carry medical insurance.

I have read and understand the above, and signify my agreement and approval with my signature.

Name of parent/guardian/please print \_\_\_\_\_



Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Amount Due \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Member # \_\_\_\_\_

1 Tunnel Road • Berkeley, CA94705 • 510-841-1380 • [www.berkeleytennisclub.org](http://www.berkeleytennisclub.org)