

Junior Competitive Program Sign-up Form Summer 2010

Name of Student: _____

Home Phone #: _____ Cell Phone #: _____ E-Mail: _____

Member #: _____ Please bill my account = \$ _____ Amt. enclosed = \$ _____

Pro Approval: _____ Member #: _____ USTA#: _____

Circle Program:

High Performance

High Performance Junior

Team Development

High Performance Tournament Development

Future Stars

Stars

Super Stars

Fitness Training

Parent of Guardian Signature: _____ Date: _____

There will be no make-ups for missed Competitive Summer Junior Tennis Program classes.

BY SIGNING ABOVE, IT IS ACKNOWLEDGED THAT ALL PARTICIPANTS AND PARENTS MUST BE ADVISED THAT NEITHER THE RACQUET CLUB OF COLUMBUS, ITS EMPLOYEES, OFFICERS, OR ANY REPRESENTATIVE THEREOF, ARE RESPONSIBLE IN ANY MANNER FOR ANY INJURY THAT RELATES TO OR MAY RESULT FROM ACTIVITY IN THIS PROGRAM OR ANY RELATED PROGRAM IN ANY WAY. ANY DAMAGE THAT MAY OCCUR AS A RESULT OF THE ACTION OF ANY PROGRAM PARTICIPANT, OR AFFILIATE PERSON, WILL BE THE RESPONSIBILITY OF THAT PERSON (OR PARENT/GUARDIAN). THE RACQUET CLUB OF COLUMBUS AND ANY AND ALL OF ITS AFFILIATES ASSUME NO RESPONSIBILITY, IN ANY WAY, FOR THE ACTIONS THAT MAY INVOLVE THE ABOVE, OR ANYTHING THAT MAY BE DETRIMENTAL TO THE ABOVE, EITHER FINANCIAL OR OTHERWISE.