

Palos Verdes Tennis Club

Fall Academy 2024

Hot Shots Registration Form

September 3rd - December 20th



Time: 3:30-4:15 Level 1- Ages 4-5 Level 2 Ages 6-7 Please Indicate below the day(s) you wish to register for					
Games, Hand-Eye Coordination		Monday Auto-Renew			
PVTC Member Non-Member Tuesday				Auto-Renew will automatically register the student	
1 Day/Week \$105/month 1 Day/Week \$125/month Wednesday			Caudy	each month for the same days. You may cancel	
2 Day/Week \$185/month 2 Day/Week \$225/month Thursday at anytime. Members get priority to auto-rer					get priority to auto-renew.
3 Day/Week \$265/month 3 Day/Week \$300/month Friday					
Please indicate any medical conditions or allergies below.					
Drop-in \$30 Drop-in \$35					
Drop-in \$30 Drop-in \$35 Sibling discount only for sign-ups of 2+ days/week					
T-Shirt Size: YS YM YL AS AM AL AXL Circle one for each child 10% Sibling Discount (Packages only)					v)
	Playe	r Information			
#1 Player:	Last Name:			_ DOB	
#2 Player	Last Name:			_ DOB	
Address:	City:		State:	7in·	
	J. 1, 1				
Home Phone:	Email:		Cell Phone :		
Parent/Guardian Information					
Parenty 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					
(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____