SVERDES TENNIS	Palos Verdes Tennis Club Spring Academy 2025 Challenger Registration Form January 6th - May 30th			Wilson. More win:		
Time: 4-6pm Ages 9+ Please Indicate below the day(s) you wish to register for						
2 Day/Week \$375/month     2 Day/Week       3 Day/Week \$530/month     3 Day/Week	-	Mond Tuesd Wedd Thurs Frida	day Auto-Ro nesday each m sday at anyti	Auto-Renew enew will automa onth for the same ime. Members ge	atically register the student e days. You may cancel t priority to auto-renew.	
Drop-in \$60 Drop-in \$70 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) Player Information						
#1 Player:	Last Name:			DOB		
#2 Player						
			State:			
Home Phone: Email:						
Parent/Guardian Information						
First Name: Last Name:						
Address:					_	
Emergency Contact Information						
Name:         Relationship:           Phone #1:         Phone #2:						
Payment Information						
Amount <u>\$</u> RELEASE AND WAIVER OF LIABILITY	Cash	Check	Credit Card	Account	(circle one)	

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, acti on, 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 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\_\_\_\_\_