



**Palos Verdes Tennis Club**  
**PV Tennis Academy**  
**Spring Break Camp**  
**REGISTRATION FORM**



**PV Tennis Academy**

**Spring Break Camp**

**10am-1pm**

April 7-11

Please indicate the day(s) you wish to sign up for

**PVTC Member Ages 4+**

**Non-Member**

Entire Week \$360

Entire Week \$405

Monday

**10% Sibling Discount on full week signups**

Single Day \$80

Single Day \$90

Tuesday

Wednesday

Thursday

Friday

Please indicate any medical conditions or allergies below.

T-Shirt Size: **YS YM YL AS AM AL AXL** circle one please for each child

**Player Information**

#1 Player: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB \_\_\_\_\_

#2 Player \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

**Please email [info@pvtennisclub.com](mailto:info@pvtennisclub.com) with any questions.**

**Parent/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 (hereinafter "Indemnified Parties") from any loss, liability, claim, action, 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 \_\_\_\_\_