

# Junior Tennis Registration Form Session 1

*This form is to be used for  
Session 1 only, and this form is  
to be used for one player only.*

*Additional sessions and  
additional junior players must be  
listed on separate forms.*

Family Last Name:	
Home Phone:	
Street Address:	
City:	Zip Code:
email address:	

Player's Name	
Player's Age	
Class Name	
Class Code #	
Class Day	
Class Time	
Fee	

**MEMBERSHIP STATUS OF THE JUNIOR PLAYER \***  
Please indicate all that apply to the player listed above.

Executive Member                       South Barrington Resident  
 Associate Member                       Non-Resident  
 Non-Member

\* The fee for junior lessons is determined by the membership and/or resident status of the JUNIOR player. For instance, the JUNIOR player must be an executive member of The South Barrington Club to receive the executive member rate for lessons. The parent's membership status is not the status of the junior player.

**WAIVER**

Please read this form carefully and be aware that, in participating in the above program, you will be waiving and releasing all claims for injuries arising out of this program, that you or the participant might sustain. The terms "I", "Me", and "My" also refer to parents or guardians as well as the participant. In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the South Barrington Club, any and all independent contractors, officers, agents, servants, and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in the program.

I do hereby fully release and discharge the South Barrington Club and the above parties from any and all claims for injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the above program.

I further agree to indemnify, hold harmless and defend the South Barrington Club and the above parties from any and all claims for injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the program.

Further, in the event of an emergency, I authorize the South Barrington Club and the above parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand the nature of the program for which I am registering, and have read and fully understand this waiver, release and hold harmless agreement.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Information**

*Non-Members must provide a Credit Card number to register.*

House Charge (Account # \_\_\_\_\_)  
 Credit Card Number (Visa, MasterCard or American Express): \_\_\_\_\_  
 Exp: \_\_\_\_ / \_\_\_\_                      Card Identification Digit: \_\_\_\_ \_\_\_\_ \_\_\_\_

**Signature:** \_\_\_\_\_

**STAFF USE ONLY:**

Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Pro Initials: \_\_\_\_\_



# Junior Tennis Registration Form Session III

*This form is to be used for  
Session 3 only, and this form is  
to be used for one player only.*

*Additional sessions and  
additional junior players must be  
listed on separate forms.*

Family Last Name:	
Home Phone:	
Street Address:	
City:	Zip Code:
email address:	

Player's Name	
Player's Age	
Class Name	
Class Code #	
Class Day	
Class Time	
Fee	

**MEMBERSHIP STATUS OF THE JUNIOR PLAYER \***  
Please indicate all that apply to the player listed above.

<input type="checkbox"/> Executive Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Non-Member	<input type="checkbox"/> South Barrington Resident <input type="checkbox"/> Non-Resident
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\* The fee for junior lessons is determined by the membership and/or resident status of the JUNIOR player. For instance, the JUNIOR player must be an executive member of The South Barrington Club to receive the executive member rate for lessons. The parent's membership status is not the status of the junior player.

**WAIVER**

Please read this form carefully and be aware that, in participating in the above program, you will be waiving and releasing all claims for injuries arising out of this program, that you or the participant might sustain. The terms "I", "Me", and "My" also refer to parents or guardians as well as the participant. In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the South Barrington Club, any and all independent contractors, officers, agents, servants, and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in the program.

I do hereby fully release and discharge the South Barrington Club and the above parties from any and all claims for injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the above program.

I further agree to indemnify, hold harmless and defend the South Barrington Club and the above parties from any and all claims for injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the program.

Further, in the event of an emergency, I authorize the South Barrington Club and the above parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand the nature of the program for which I am registering, and have read and fully understand this waiver, release and hold harmless agreement.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Information**

*Non-Members must provide a Credit Card number to register.*

<input type="checkbox"/> House Charge (Account # _____)	
<input type="checkbox"/> Credit Card Number (Visa, MasterCard or American Express): _____	
Exp: ____ / ____	Card Identification Digit: ____

**Signature:** \_\_\_\_\_

**STAFF USE ONLY:**

Date Received: _____
Received by: _____
Pro Initials: _____

# Junior Tennis Registration Form Session IV

*This form is to be used for  
Session 4 only, and this form is  
to be used for one player only.*

*Additional sessions and  
additional junior players must be  
listed on separate forms.*

Family Last Name:	
Home Phone:	
Street Address:	
City:	Zip Code:
email address:	

Player's Name	
Player's Age	
Class Name	
Class Code #	
Class Day	
Class Time	
Fee	

**MEMBERSHIP STATUS OF THE JUNIOR PLAYER \***  
Please indicate all that apply to the player listed above.

Executive Member                       South Barrington Resident  
 Associate Member                       Non-Resident  
 Non-Member

\* The fee for junior lessons is determined by the membership and/or resident status of the JUNIOR player. For instance, the JUNIOR player must be an executive member of The South Barrington Club to receive the executive member rate for lessons. The parent's membership status is not the status of the junior player.

**WAIVER**

Please read this form carefully and be aware that, in participating in the above program, you will be waiving and releasing all claims for injuries arising out of this program, that you or the participant might sustain. The terms "I", "Me", and "My" also refer to parents or guardians as well as the participant. In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the South Barrington Club, any and all independent contractors, officers, agents, servants, and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature that might be directly or indirectly liable for any injuries that I might sustain while participating in the program.

I do hereby fully release and discharge the South Barrington Club and the above parties from any and all claims for injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the above program.

I further agree to indemnify, hold harmless and defend the South Barrington Club and the above parties from any and all claims for injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the program.

Further, in the event of an emergency, I authorize the South Barrington Club and the above parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand the nature of the program for which I am registering, and have read and fully understand this waiver, release and hold harmless agreement.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment Information**

*Non-Members must provide a Credit Card number to register.*

House Charge (Account # \_\_\_\_\_)  
 Credit Card Number (Visa, MasterCard or American Express): \_\_\_\_\_  
 Exp: \_\_\_\_ / \_\_\_\_                      Card Identification Digit: \_\_\_\_

**Signature:** \_\_\_\_\_

**STAFF USE ONLY:**

Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Pro Initials: \_\_\_\_\_