



# 2010 Spring After-School Tennis Program April 5- June 11

## Student Information

Student 1: \_\_\_\_\_

Gender: M F Age: \_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ability: Beginner Adv. Beginner Intermediate

School: \_\_\_\_\_

### Larkspur- Piper Park

Monday	<input type="checkbox"/>	Age 4-7	3:30-4:30pm	\$160
	<input type="checkbox"/>	Age 7-12	4:30-6:00pm	\$220

### San Anselmo- Memorial Park

Tuesday	<input type="checkbox"/>	Age 7-12	4:30-6:00pm	\$220
Wednesday	<input type="checkbox"/>	Age 4-7	3:30-4:30pm	\$160
Friday	<input type="checkbox"/>	Age 7-12	3:30-4:30pm	\$160

Student 2: \_\_\_\_\_

Gender: M F Age: \_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ability: Beginner Adv. Beginner Intermediate

School: \_\_\_\_\_

### Larkspur- Piper Park

Monday	<input type="checkbox"/>	Age 4-7	3:30-4:30pm	\$160
	<input type="checkbox"/>	Age 7-12	4:30-6:00pm	\$220

### San Anselmo- Memorial Park

Tuesday	<input type="checkbox"/>	Age 7-12	4:30-6:00pm	\$220
Wednesday	<input type="checkbox"/>	Age 4-7	3:30-4:30pm	\$160
Friday	<input type="checkbox"/>	Age 7-12	3:30-4:30pm	\$160

10 Weeks • One Class Per Week • Pro-Rated For Late Start • Rainouts Credited

## Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Cash or Check payable to:  
Unlimited Tennis Inc.

Mail Form w/payment to:  
Unlimited Tennis Inc.  
33 Eagle Drive  
Novato, CA 94949  
(415) 462-1302

## Liability Waiver

I, the parent or legal guardian of the child/children named understand and agree: (1) Unlimited Tennis Inc. staff is authorized to act for me according to their best judgement in an emergency requiring medical attention for the children named. (2) It is my responsibility to provide accident and health coverage for the children named while they are attending the Unlimited Tennis program. (3) That tennis is a physical activity with inherent risk of injury. (4) I release Unlimited Tennis Inc., Steve Tourdo and Tennis in Marin from any liability for accident, injury or bodily harm and for any expenses/damages incurred as a result of accident, injury or bodily harm sustained while taking lessons. (5) There is a 2-week advance cancellation policy for refund. (6) My child will follow directions from Unlimited Tennis staff and be courteous to other students or be dismissed without refund.

Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_