

**PLEASANT VALLEY COUNTRY CLUB
 JUNIOR DEVELOPMENT TENNIS PROGRAM
 REGISTRATION FORM
 AUGUST 23, 2010 – JUNE 2, 2011**



Participant's Name:			
Gender: Male () Female ()	Age:	Birthday (mo/day/year) / /	
Parent's Name(s):		Home Phone () -	
Mom's Cell () -	Dad's Cell () -	Child's Cell () -	
E-Mail Address:			
Alternative E-Mail Address:			
Billing Address (Street):			
		City:	St. Zip

Member: PVCC () CCLR () Chenal () **Membership Number** _____
Non-Member ()

Please Select Level & Sessions You Wish to Attend:

		<u>Cost Per Session</u>	
		<u>Member</u>	<u>Non-Member</u>
() Future Stars	() Monday 3:30-4:00	\$5.50	\$6.60
	() Tuesday 3:30-4:00		
	() Wednesday 3:30-4:00		
	() Saturday 8:15-9:00am	\$8.25	\$9.90
() Intermediate	() Tuesday 4:00-5:00	\$9.00	\$11.00
	() Thursday 4:00-5:00		
	() Saturday 9:00-10:00am		
() Pre-Elite	() Monday 4:00-5:00	\$9.00	\$11.00
	() Tuesday 4:00-5:00		
	() Wednesday 4:00-5:00		
	() Thursday 4:00-5:00		
() Elite	() Monday 5:00-7:00	\$18.00	\$22.00
	() Tuesday 5:00-7:00		
	() Wednesday 5:00-7:00		
	() Thursday 5:00-7:00		

MEDICAL INFORMATION

Emergency Contact Name _____ Phone Number _____

Child's Physician _____ Phone Number _____

WAIVER/RELEASE OF LIABILITY STATEMENT

I agree to assume full risk and to waive and release all claims I and/or the participant may have against Pleasant Valley Country Club and it's employees, officers, directors and agents from any such claims resulting from injury, damages, or loss sustained on account of participation in any PVCC junior tennis program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

Parent Signature _____ Date _____

**PLEASANT VALLEY COUNTRY CLUB
2010-2011 JUNIOR DEVELOPMENT TENNIS PROGRAM**

Participant's Name _____

Parent's Name _____

**Electronic Funds Transfer/Credit Card Information
REQUIRED for Non-Members**

() I authorize PVCC to draft my bank account in payment of Junior Tennis charges:

Name of Bank _____

Bank Routing Number _____ Bank Account No. _____

Name as it appears on the account _____

(Please attach a void check to assure accuracy)

() I authorize PVCC to charge my credit card in payment of Junior Tennis charges:

Credit Card Type: () Visa () Master Card () Discover () American Express

Card Number _____ Expiration Date _____

Name as it appears on the card _____

Signature _____ Date _____