

# Adult Clinic Renewal Application

## Fall-Winter 2012-2013



Player Name \_\_\_\_\_

Pro: \_\_\_\_\_

Program:

Day(s) M T W Th F S Su

Time(s) \_\_\_\_\_

Session Length: 17 weeks

Yes, Register me

Deposit Payment Options:

Check Enclosed

MasterCard/Visa/Discover # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

(or call 203 268-3030 to process via phone however application must be signed and received by TCT to complete registration process)

- Deposit of \$200 requested upon registration and is non-refundable after August 20, 2012. Payment due in full on or by first day of session. Autopay is available.

Please return this form to the address below or feel free to call us with any questions. If we do not hear from you by May 1, 2012 we make your spot available to other participants.

*There are no guaranteed make-ups or credits for missed classes*

***This liability waiver must be signed to complete enrollment***  
**WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, the Member/Guest elects to use the Tennis Club of Trumbull (the "Club") and acknowledges and accepts the risk inherent in the use of the Club's facilities or services. The Member/Guest voluntarily and expressly assumes the risk of injury or damage to the Member/Guest or their property which might arise from the use of the Club's facilities or services, and releases the Club, its officers, agents and employees from all claims, liabilities, loss, damage, costs and/or causes of action that may result.

The Member/Guest further certifies that he or she is in good health and is able to undertake and engage in physical exercise and/or sports activities in which he or she chooses to participate.

The Member hereby acknowledges and represents that he or she is of sound mind and over eighteen (18) years of age.

\_\_\_\_\_  
Name of Member/Guest

\_\_\_\_\_  
Signature of Member/Guest

\_\_\_\_\_  
Date

If the Member/Guest is under the age of eighteen (18) years of age, Member/Guest's parent or legal guardian understands and accepts this Waiver of Liability and Assumption of Risk and certifies that the minor is in good health and is able to undertake and engage in physical exercise and/or sports activities in which he or she chooses to participate.

\_\_\_\_\_  
Name Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date