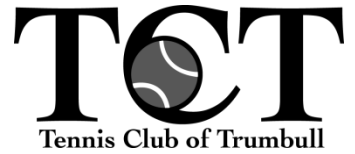


*Jr. Clinic Renewal Application – Fall 2013(Session1)*



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

**Tournament Training\***      1.0(26 weeks)   1.5(26 weeks)   2.0(19 weeks)   2.5(19 weeks)

Day(s):      **M T W TH F S**      Time:\_\_\_\_\_

Day(s):      **M T W TH F S**      Time:\_\_\_\_\_

**Recommended Sunday Matchplay Time:**   1:00 - 3:00pm   3:00 - 5:00pm   5:00 - 7:00pm

yes, I would like to participate in Matchplay

**Varsity Stars\*** (26 weeks)

Day(s):      **M T W TH F S**      Time:\_\_\_\_\_

Day(s):      **M T W TH F S**      Time:\_\_\_\_\_

**Recommended Sunday Matchplay Time:**   1:00 - 3:00pm   3:00 - 5:00pm   5:00 - 7:00pm

yes, I would like to participate in Matchplay

**\* Please contact us if you would like to request a 3rd clinic/week.**

**Rising Stars**

Day:      **M T W TH F S**      Time:\_\_\_\_\_

**Junior Clinic**

Day:      **M T W TH F S**      Time:\_\_\_\_\_

**PeeWees**

Day:      **M T W TH F S**      Time:\_\_\_\_\_

**Session Length:**      19 weeks

**Yes**, Register me for the above clinic      **Email:**\_\_\_\_\_

*If you have any questions regarding placement or additional days/times please email us at Juniors@tcttennis.com.*

**Deposit Payment Options:**

Check Enclosed

MasterCard/Visa/Discover # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_  
Amount\$ \_\_\_\_\_ (or call 203 268-3030 to process via phone)

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 July 20, 2013 your spot will be made available to other participants. Deposits are non-refundable after August 15, 2013.

For those who are NOT renewing, we kindly request this confirmation nonetheless, so please contact us by phone or email to [juniors@tcttennis.com](mailto:juniors@tcttennis.com).



PLEASE READ AND SIGN THIS AGREEMENT

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

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

Please send form to:

The Tennis Club of Trumbull • 61 Monroe Tpke. Trumbull, CT 06611 • 203 268 3030 • [www.tcttennis.com](http://www.tcttennis.com)