



7801 E State St. Rockford, IL 61108
Phone: 815.708.0901 Fax: 815.229.4541

www.forestcitytennis.com

Program Registration Form

Last Name: _____ Email: _____ Date: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: _____

First Name	D.O.B.	M/F	Age	Session	Class Name	Day	Time	Cost

*Annual Junior Membership Fee is required for all students in the Advanced Tennis and High-Performance Programs **\$80 per student, \$40 for each additional student in the same family.**

** Family Discount of 10% if total enrollment exceeds \$500 per session. Discount applies to classes and excludes membership fees and other lessons.

Junior Membership Fee: _____

Total: _____

For more information, please contact Breck Schlueter (brecks@forestcitytennis.com or 815.708.0901)

Circle One: Visa MC Discover Check House Charge

Card number: _____ Exp. ____/____

Name on card: _____

Authorized Signature: _____

Medical Concerns:

Please note any diet limitations, allergies, medications of additional conditions which may affect participation.

Signature Required:

(I have read and agree with the terms and conditions on the Liability Waiver):

Parent, Guardian, Adult Participant

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Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program/s, or by registering your minor child/ward for participation in this program/s, you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program/s and you will be required to indemnify, hold harmless, and defend the Forest City Tennis Center (FCTC) and all the employees and agents of FCTC for any claims arising out of participation in said program/s.

Risk for Injury

"As a participant in the programs of FCTC, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities and programs of FCTC."

Waiver of Injury Claims

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities and programs of FCTC."

Release from Liability

"I do hereby fully release and discharge the FCTC and its officers, agents, and employees from any and all claims from injuries, including death, damages or loss which I or my minor child/ward may have or which may occur on account of participation in the program."

Indemnity and Defense

"I further agree to indemnify, hold harmless and defend the FCTC and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities and programs of FCTC." In the event of any emergency, I authorize FCTC to secure any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.