

## Registration Form

The Tennis Center offers mail-in,\* phone-in, and walk-in registration.  
 Monday-Friday 9:00am-10:00pm • Saturday & Sunday 9:00am-5:00pm  
 \*Please enclose a self-addressed, stamped envelope for registration confirmation.



**Registrations further into the future can be made at the Sunnyvale Tennis Center 755 S. Mathilda Ave.**



Mail to: Sunnyvale Tennis Center  
 800 Russet Drive, Sunnyvale, CA 94087

Last Name Only: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Ask For: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Number: \_\_\_\_\_

**WAIVER OF LIABILITY & PHOTO RELEASE:** In consideration of participation in a class or activity offered by the City of Sunnyvale Department of Community Services—Recreation Division, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold BG Tennis, Inc. and the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, volunteers, independent contractors, and instructors from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. ■ I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns. ■ I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for BG Tennis Inc. and City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Participant's Name: \_\_\_\_\_

Check the appropriate box(es) and sign:  Participant (if over 18 years)  Parent  Legal Guardian

Signature \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Session \_\_\_\_\_ Birth Date if under 18 years \_\_\_\_\_  
Level                      Days                      Time                      Location                      Fee

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

Check the appropriate box(es) and sign:  Participant (if over 18 years)  Parent  Legal Guardian

Signature \_\_\_\_\_

My check is attached. Make payable to: **Las Palmas Tennis**. NOTE: \$30 charge on all returned checks.

Charge my:  MasterCard  Visa

Name of card holder \_\_\_\_\_



Card No. |\_\_|\_|\_|\_|\_|\_| - |\_\_|\_|\_|\_|\_|\_| - |\_\_|\_|\_|\_|\_|\_| - |\_\_|\_|\_|\_|\_|\_|

Expiration Date: \_\_\_\_\_ 3 Digit Security Code (on back of card) \_\_\_\_\_

