

**CERRITOS TENNIS CENTER**  
**Summer Camp 2016**  
**REGISTRATION FORM**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
PARENT'S NAME(S) SCHOOL ATTENDING (Fall 2016)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP BIRTHDATE / /

\_\_\_\_\_  
PHONE # EVENING / CELL #

\_\_\_\_\_  
EMAIL

CLASS: \_\_\_\_\_

ROG CAMP: \_\_\_\_\_ Session 1 (June 27 - July 22, 2016) \_\_\_\_\_ Session 2 (August 1 - 26, 2016)  
\_\_\_\_\_ \$700 / 4 wk session \_\_\_\_\_ \$250 / 1 wk session  
1 wk session, what week(s) will you be attending? \_\_\_\_\_

AFTERNOON TOURNAMENT PREP: \_\_\_\_\_ \$350 / 4 wk session \_\_\_\_\_ \$35 drop in rate  
*Deadline for unlimited rate registration is (1) week before sessions begin.*

**PLEASE NOTE:**

- Reservation is guaranteed only after payment is received. • 10% off for second and third child.
- Any make-ups must be taken during the 2015-2016 sessions. • Payment must be made by cash, check, money order or credit card.
- Make check payable to Cerritos Tennis Center. Fill out the registration form and mail to: Cerritos Tennis Center; 19700 Bloomfield Ave.; Cerritos, CA 90703

I hereby waive, release & hold harmless the Cerritos Tennis Center, the Los Angeles County Dept. of Parks & Recreation, & the County of Los Angeles & any employees or independent contractors affiliated with these entities from any liability or responsibility for accident or injuries my-above identified children or I may incur. I also authorize the Cerritos Tennis Center to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment & hospital care which is deemed advisable by, & is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I also hereby give my consent to the County of Los Angeles and the Cerritos Tennis Center to photograph me or my children & use this photograph(s) for informational, educational, promotional, or publicity purposes concerning Cerritos Tennis Center & its services. I understand that the photograph(s) may be used on the Cerritos Tennis Center website, or in official county publications or displays, public newspapers, magazines, reports or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me & I will not be entitled to any compensation for the use of the photographs(s). I also agree to release the Cerritos Tennis Center & the County of Los Angeles from any & all liability arising out of or connected to the use of the photograph(s) as stated above.

I have read & understand the foregoing consent, release, & waiver of liability & voluntarily accept and agree to its terms.

\_\_\_\_\_  
Signature Date

**Cerritos Tennis Center, 19700 Bloomfield Avenue, Cerritos CA 90703**  
**(562) 809-8079 \* info@cerritostenniscenter.com**