

Session is for: Adult Junior

Age: _____

Name of Registrant: _____

Telephone 1 _____ Telephone 2 _____

Address _____

City _____ State _____ ZIP _____

Email _____

Workout Name _____ Day _____ Time _____

Workout Name _____ Day _____ Time _____

Workout Name _____ Day _____ Time _____

Total Amount \$ _____

Payment Method Cash Check Credit Card (Visa, MC, Discover, Amex)

Credit Card # _____ Exp. Date _____

Name (exactly as it appears on Credit Card) _____

Name of Physician _____

Physician's Telephone _____

Special Needs (allergies, etc.) _____

I hereby waive, release and hold harmless the Cerritos Tennis Center, the Los Angeles County Department of Recreation and Parks and the County of Los Angeles and 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 and hospital care which is deemed advisable by, and 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 and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning Cerritos Tennis Center and 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; the county may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the Cerritos Tennis Center and the County of Los Angeles, its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above.

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

Signature (or signature of parent or guardian if registering a minor)

Date

Cerritos Tennis Center, 19700 Bloomfield Avenue, Cerritos, CA 90703 (562) 809-8079 www.cerritostenniscenter.com



CERRITOS TENNIS CENTER

Parents Name _____