

Participant Name:		Da	ate of Birth	//	Age:
Parent/Guardian Name:		E-	mail:		
Address:					_)
City:		ZIP:		one: ()	
Emergency Contact Name & Phone:				()	
Amount Enclosed: \$ Plea	ase indicate: Cr	edit Card: 🗌 🌆	Card VISA		CVV: (3- or 4-digit Card Security Code)
OR: 🗌 VIP Number:		Card No:		0	
OR: Check Enclosed, payable to: Courtside Racq	uet Club	Signature:			

Release Statement: I, the parent/guardian of the Participant, a minor, hereby agree that the Participant and I will abide by the rules of Courtside Racquet Club, LLC (hereinafter "Courtside") and I hereby release, discharge, and/or otherwise indemnify Courtside, its owners, officers, employees and instructors against any claim by or on behalf of the Participant or any third party arising out of Participant's involvement in any activities at Courtside. I certify that the Participant is healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. In my absence, I hereby authorize and consent for the Participant to be transported for emergency medical care, if necessary, and for such emergency medical treatment as may be determined to be in Participant's best interest by the appropriate medical personnel, and I hereby release and hold harmless Courtside in connection therewith. For good and valuable consideration I hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of Participant and the use of and his/her name in such promotional and materials. (If you have any questions please give us a call). By enrolling in this program I agree to the above Release.

Date: / / Print Name:

Signature: