

**2010
REGISTRATION & INFORMATION FORM**

REGISTRATION OPTIONS

PLEASE CHECK YOUR CHOICE!

1) YEAR-ROUND STUDENTS _____

COST: \$100 per session for 1 student
 \$150 per session for 2 students
 \$175 per session for 3 students

A) Parents must volunteer for (2) events per year (see events below)

B) \$200 Mandatory yearly college scholarship fund donation (DUE MARCH 12, 2010)

2) NON YEAR-ROUND STUDENTS _____

COST: \$200 per session per student
(No parent volunteer obligations or mandatory yearly college scholarship donation)

3) MAIL IN COMPLETED REGISTRATION FORM & CHECK (Payable to: LAJCC Safe Passage Tennis)

See address below!

4) YOU WILL RECEIVE AN EMAIL CONFIRMATION *(Please fill in your email address below)*

**2010
SESSION & PAYMENT SCHEDULE (SEE COST ABOVE)**

SESSION	DURATION	PAYMENT DATE	START	END
SESSION # 1	6 weeks	1 week prior	Jan 4	Feb 12
SESSION # 2	6 weeks	1 week prior	Feb 15	Mar 26
SESSION # 3	6 weeks	1 week prior	Mar 29	May 7
SESSION #4	6 weeks	1 week prior	May 10	June 18
SESSION # 5	6 weeks	1 week prior	June 21	July 30
SESSION # 6	4 weeks	1 week prior	Aug 2	Aug 27
SUMMER BREAK	2 weeks	NO TENNIS	AUG 30	Sept 10
SESSION # 6 (continued)	2 weeks		Sept 13	Sept 24
SESSION # 7	6 weeks	1 week prior	Sept 27	Nov 5
SESSION # 8	6 weeks	1 week prior	Nov 8	Dec 17

**2010
YEAR ROUND STUDENTS PARENT MANDATORY VOLUNTEER OPTIONS**

SAFE PASSAGE PARENTS MUST VOLUNTEER FOR (2) EVENTS EACH YEAR

PLEASE CHECK YOUR PREFERENCE!

<u>EVENT</u>	<u>DATES</u>	<u>√</u>
1. Spring Scholastic Team Awards Ceremony	May 8, 2010	_____
2. Jr. Team Tennis Parent Captain	Winter, Spring, Fall	_____
3. Summer Classic Open Tennis Tournament	August 23-27 2010	_____
4. Fall Classic Satellite Tennis Tournament	September 17, 18, 24, 25, 2010	_____
5. Winter Scholastic Team Awards Ceremony	December 11, 2010	_____
6. Christmas Pot Luck	December 11, 2010	_____
7. Christmas Gift Exchange	December 11, 2010	_____
8. Christmas Parent/Child Tennis Round Robin	December 11, 2010	_____

2010 REGISTRATION FORM

1. NAME _____ AGE _____ DOB ____/____/____

2. NAME _____ AGE _____ DOB ____/____/____

3. NAME _____ AGE _____ DOB ____/____/____

ADDRESS _____ CITY _____ APT _____ ZIP _____

FEMALE _____ MALE _____ SCHOOL NAME _____

HOME PHONE (____) _____ - _____

MOBILE: (____) _____ - _____

E-MAIL _____

INDIVIDUAL OR PARENT(S) / GUARDIAN NAME _____

PLEASE PRINT

As the parent/legal guardian of the child named above, I hereby agree and give my full consent and approval for my child to participate as a member of the Safe Passage Tennis Program. I understand that there are certain risks of injury inherent in the practice of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this sport and that my child is healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below:

Medical/Health concerns we should be aware of? Yes (___) No (___) please explain:

I do hereby waive, release and hold harmless the Safe Passage Tennis Program and the LAJCC, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by me child in the normal course of participation in this sport and the activities incidental thereof, whether the result of negligence or any other cause. Furthermore, I give consent to any necessary medical treatment in case of emergency. I also give the Safe Passage Tennis Program the absolute right and permission to copyright and/or publish or use photographically graphic portraits or pictures in which my child may be included, in whole or in part in composite, either in color or in black and white, the photo to be taken at a photographer's studio or elsewhere for advertising, publicity or any other lawful purpose whatsoever. I waive the right to approve the finished product and I hereby release the Safe Passage Tennis Program and the LAJCC from any liability by virtue of any blurring or distortion use in a composite form whether intended or otherwise.

SIGNATURE OF PARENT/GUARDIAN _____

SEND FORM WITH PAYMENT TO OFFICE ADDRESS!

201 S. Figueroa St. Ste. 300

Los Angeles, CA 90012

Ph: 213 989-2141

tbrock@lajcc.org