

# 2019 Summer ASRC Jr. Tennis Program Registration Form.....

1. Choose the preferred **Jr. Program...** Circle Player **Level, Session, Days, Times & Rates.**
2. Complete the Registration info. & the Liability Release Form below...
3. Members are billed & Non-members make the Checks payable to ASRC...
4. Mail this Registration Form with the **Check** to...

**Almaden Swim & Racquet Club c/o Tennis Office**  
**6604 Northridge Drive. San Jose, Ca. 95120**

Player A: \_\_\_\_\_ Age: \_\_\_\_ Boy/Girl DOB: \_\_\_\_\_ USTA# \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_  
 Player B: \_\_\_\_\_ Age: \_\_\_\_ Boy/Girl DOB: \_\_\_\_\_ USTA# \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent \_\_\_\_\_ E-mail \_\_\_\_\_ Work # \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

**Levels...** Novice > Beginner > Adv. Beginner > Beg. Intermediate > Intermediate > Adv. Inter. > Advance

**Weekly**    1        2        3        4        5        6        7        8        9        10       11       12  
**Sessions:** 6/10-6/16 6/17-6/23 6/24-6/30 7/1-7/7 7/8-7/14 7/15-7/21 7/22-7/28 7/29-8/4 8/5-8/11 8/12-8/18 8/19-8/25 8/26-9/1  
**\*\*8 wks. Summer Session Rates, Days & Times are listed below... Circle the weeks for the weekly rate \*\***

**Quick Start 5-7 yrs. (4-6 kids):** 1 hr. each day.    \$84- Mem. (2 wks.)    \$76- for 2<sup>nd</sup> kid.    \$50- weekly (2 days)  
 M/W 6pm or T/Th 6pm.    \$110- Non. (2 wks.)    \$102- for 2<sup>nd</sup> kid.    \$68- weekly (2 days)

**Quick Start 8-10 yrs. (4-6 kids):** 1 hr. each day.    \$84- Mem. (2 wks.)    \$76- for 2<sup>nd</sup> kid.    \$50- weekly (2 days)  
 M/W 5pm or T/Th 5pm.    \$110- Non. (2 wks.)    \$102- for 2<sup>nd</sup> kid.    \$68- weekly (2days)

**Jr. Group Lessons (4-6 kids):** 1 hr. each day.    \$84- Mem. (4 wks.)    \$76- for 2<sup>nd</sup> kid.    \$50- weekly (1 days)  
Sat. 10am or 11am    \$110- Non. (4 wks.)    \$102- for 2<sup>nd</sup> kid.    \$68- weekly (1 days)

**Jr. Interclub Team:** 2 hrs. each day.    \$480- Mem. (8 wks.)    \$432- for 2<sup>nd</sup> kid.    \$75- weekly (2 days)  
 M 3-5pm Practice & W 3-5pm Matches.    \$648- Non. (8 wks.)    \$584- for 2<sup>nd</sup> kid.    \$102- weekly (2 days)

**10-12 & Under Team:** 2 hrs. each day.    \$745- Mem. (8 wks.)    \$672- for 2<sup>nd</sup> kid.    \$116- weekly (3 days)  
 T/W 3-5pm Practice & Th or F Match 3-5pm.    \$1008- Non. (8 wks.)    \$908- for 2<sup>nd</sup> kid.    \$158- weekly (3 days)

**14-16 & Under Team:** 2 hrs. each day.    \$745- Mem. (8 wks.)    \$672- for 2<sup>nd</sup> kid.    \$116- weekly (3 days)  
 M/T 4-6pm Practice & Th or F Match 4-6pm.    \$1008- Non. (8 wks.)    \$908- for 2<sup>nd</sup> kid.    \$158- weekly (3 days)

**Sat. Jr. Team Practice:** 2 hrs. each day.    \$175- Mem. (4 wks.)    \$165- for 2<sup>nd</sup> kid.    \$50- weekly (1 days)  
11am – 1pm    \$225- Non. (4 wks.)    \$215- for 2<sup>nd</sup> kid.    \$68- weekly (3 days)

**\$25- Cancellation Fee** will be charged unless advance notice of 7 calendar days is received prior to the start of the session. There are no make-ups or credits for missed lessons... all group lessons require at least 3 kids, otherwise semi-private lesson rates apply. **All Saturday group lessons and Jr. Practice are all 4 week sessions.** \* *Private or Semi-Private lessons are available for all different skill levels & age groups and require 24 hrs. advance notice to cancel without charges.* \* Please contact Pro Ravi Gill @ (408) 666-RAVI (7284) regarding the ASRC Jr. Tennis program or any other questions you might have, especially during extreme weather conditions.

**RELEASE OF LIABILITY:** I hereby authorize the staff of Almaden Swim & Racquet Club (ASRC) to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the tennis pros and the club for any and all liability for any injuries or illnesses while at ASRC. I have no knowledge of any physical impairment that would be affected by the above named participant(s) in the ASRC Tennis Program. My signature on this waiver also states that the above named participant(s) is/are covered by my personal medical insurance policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_