



Northridge Tennis Academy JUNIOR PROGRAM REGISTRATION FORM

EMAIL ALL COMPLETED FORMS TO: **REGISTER@NORTHRIDGETENNISACADEMY.ORG**

Student/Parent Information

Student Name: _____ Parent's Name _____

Date of Birth: _____ Age: _____ Parent's Contact _____

Address: _____ Parent's Name _____

City: _____ Parent's Contact _____

Student Level:

Rising Stars (Beginners 7-11)

Champs (Intermediate 8-12)

Junior Academy (Advance 10-17)

List all Known Allergies/Medical

Conditions: _____



RELEASE OF LIABILITY - READ BEFORE SIGNING In consideration of being allowed to participate in any way in the _____ program, its related events and (NORTHRIDGE TENNIS ACADEMY) activities, I, _____, the undersigned, acknowledge, appreciate, and agree that: (Name of Participant)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent _____ paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I _____ observe any unusual significant hazard during my presence or participation, I will remove myself from participation _____ and bring such to the attention of the Company immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS

_____, (NORTHRIDGE TENNIS ACADEMY) their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, _____ and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. x _____

Age: _____ Date Signed: _____ PARTICIPANT'S SIGNATURE FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Photo Release: I grant permission to DATT-NAM LLC and Northridge Tennis Academy and its agents or employees, contractors, to use photographs taken by Datt-Nam LLC and Northridge Tennis Academy for use in publications such as brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on DATT NAM LLC and Northridge Tennis Academy web sites or other electronic forms or media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me.

x _____ Emerg. Phone # (s) : _____ Date Signed: _____ PARENT/GUARDIAN'S SIGNATURE _____