



## Northridge Tennis Academy Mailing address: 21849 Canon Drive Topanga, CA 90290 818-804-1867

## E-MAIL ALL COMPLETED FORMS TO:

## REGISTER@NORTHRIDGETENNISACADEMY.ORG

Student Name:		Parent's Name	
Date of Birth:		Parent's E-mail	
Address:		Parent's Phone#	
City:		Emergency Contact	
USTA Member #			
UTR (Academy Player only):			
Student's Level: <i>Please specify w</i>	<mark>hich days your c</mark>	child will be attending	
Rising Stars (Orange Ball 5-8)	Tu 5-6:30	Thur 5-6:30	
Champs (Green Dot 9-12)	Tu 5-6:30	Thur 5-6:30	
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Teens (Recreational 13-17)	Tu 5-6:30	Inur 5-6:30	
Junior Academy (High Performance 10-17)		Mon 5-7:30 Wed 5-7:30 Fri 5-7:30	
List all Known Allergies/Medical			
Conditions:			

\*Make ups are allowed if written notice is given 48 hours in advance that your child cannot attend. The second week of December will be for makeups due to rain or any other cancellations by NTA.



<b>RELEASE OF LIABILIT</b>	$oldsymbol{Y}$ - READ BEFORE SIGNING. In co	nsideration of being allowed to participate in
		at NORTHRIDGE TENNIS ACADEMY, I,
(Parent/Legal Guardian)	, the undersigned	d, acknowledge, appreciate, and agree that:
(Name of Participant)	1. Accepts the risk of injury	d, acknowledge, appreciate, and agree that: reform the activities involved in this program is
significant, including the potentia	al for permanent paralysis and death, a	and while particular skills, equipment, and
personal discipline may reduce t	this risk, the risk of serious injury does	exist; and, 2. I KNOWINGLY AND FREELY
ASSUME ALL SUCH RISKS, bo	th known and unknown, EVEN IF ARI	SING FROM THE NEGLIGENCE OF THE
RELEASEES or others, and ass	ume full responsibility for my participa	tion; and, 3. I willingly agree to comply with the
stated and customary terms and	conditions for participation. If, however	er, I observe any unusual significant hazard
during my presence or participat	tion, I will remove myself from participa	ation 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, INDEN	MNIFY, AND HOLD HARMLESS, NOF	THRIDGE TENNIS ACADEMY (AKA NTA),
their officers, officials, agents an	d/or employees, other participants, sp	onsoring agencies, sponsors, advertisers,
and, if applicable, owners and le	ssors of premises used for the activity	("Releasees"), WITH RESPECT TO ANY AND
ALL INJURY, DISABILITY, DEA	TH, or loss or damage to person or pr	operty, WHETHER ARISING FROM THE
NEGLIGENCE OF THE RELEAS	SEES OR OTHERWISE, to the fullest	extent permitted by law. I HAVE READ THIS
RELEASE OF LIABILITY AND A	ASSUMPTION OF RISK AGREEMENT	T, FULLY UNDERSTAND ITS TERMS,
UNDERSTAND THAT I HAVE G	GIVEN UP SUBSTANTIAL RIGHTS BY	SIGNING IT, AND SIGN IT FREELY AND
<b>VOLUNTARILY WITHOUT ANY</b>	INDUCEMENT.	
	x	
	PARTICIPANT'S/ PAR	ENT SIGNATURE
Age:	Date Signed:	
FOR PARENTS/GUARDIANS C	OF PARTICIPANTS OF MINORITY AG	E (UNDER AGE 18, AT The TIME OF
		responsibility for this participant, do consent
· · · · · · · · · · · · · · · · · · ·		nd, for myself, my heirs, assigns, and next of
kin, I release and agree to inden	nnify and hold harmless the Releasees	s from any and all liabilities incident to my mino
child's involvement or participation	on in these programs as provided abo	ve, EVEN IF ARISING FROM THE
NEGLIGENCE OF THE RELEAS	SEES, to the fullest extent permitted b	y law.
	·	y and its agents or employees, contractors, to
use photographs taken by North	ridge Tennis Academy for use in publi	cations such as brochures, newsletters, and
magazines, and to use the photo	ographs on display boards, and to use	such photographs in electronic versions of the
same publications or on Northric	lge Tennis Academy web sites or othe	r electronic forms or media, and to offer them
for use or distribution in other no	on-college publications, electronic or of	herwise, without notifying me.
X	Emerg. Phone # (s):	Date Signed:

PARENT/GUARDIAN'S SIGNATURE