

Junior Racquetball

SPRING 2010 | February 6 – June 12



PETALUMA VALLEY
ATHLETIC CLUB

REGISTRATION: PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPANT ENROLLED. PLEASE PRINT CLEARLY.

PARTICIPANT NAME (LAST)	(FIRST)	PARTICIPANT PVAC MEMBER #:			<input type="text"/>
DATE OF BIRTH (MM/DD/YYYY)	GENDER: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	HOW DID YOU HEAR ABOUT JUNIOR RACQUETBALL AT PVAC?			
PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER	
ADDRESS (STREET)		(CITY)	(ZIP)		
EMAIL (PARENT/ADULT) - <i>FOR PROGRAM UPDATES AND INFORMATION.</i>					

+ STOP! PLEASE SIGN THE **MEDICAL CONSENT AND RELEASE OF LIABILITY ON REVERSE SIDE** ▶▶

ENROLLMENT: PLEASE INDICATE THE LEVEL IN WHICH THE PARTICIPANT WILL BE ENROLLED.

Session Fee

<input type="checkbox"/> BEGINNER	Saturdays	11:00am-12:00pm	\$20 Member / \$25 Non-Member
<input type="checkbox"/> INTERMEDIATE	Saturdays	12:00pm-2:00pm	\$20 Member / \$25 Non-Member
<input type="checkbox"/> ADVANCED	Saturdays	12:00pm-2:00pm	\$20 Member / \$25 Non-Member

What other sports do you play? _____

“Racquetball has been a great opportunity for my son to develop his strengths and overcome his personal challenges in a safe, supportive, and athletic environment. Brian’s program at PVAC is simply fantastic!”

Jamie Lloyd - Parent

PAYMENT: PLEASE INDICATE TOTAL PAYMENT DUE AND METHOD OF PAYMENT BELOW.

TOTAL PAYMENT DUE: \$

OFFICE USE ONLY

CASH CHECK # _____

CHARGE PVAC ACCOUNT # _____

SIGNATURE: _____

For more information, contact Brian Dixon at bri@jupe.com or 707-766-9105 or visit www.petaluma-jr-rb.com!

MEDICAL CONSENT FOR NEW PARTICIPANTS ONLY. RETURNING PARTICIPANTS must contact FRONT DESK to confirm record on file.

CHILD NAME (LAST) (FIRST)

PARENT NAME (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

PARENT NAME (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

EMERGENCY CONTACT (LAST) (FIRST) HOME PHONE WORK/DAYTIME PHONE CELL/PAGER

PHYSICIAN/HMO MEDICAL # PHONE

Are there any allergies, medical conditions, or special needs of which we should be aware? YES NO

If YES, please explain: _____

I authorize Petaluma Valley Athletic Club or his/her authorized agent to consent to any medical treatment and/or hospital care, which is given to my child, listed above.

By signing this consent form, I agree that my child is in good physical condition and there is nothing preventing them from engaging in active or passive exercise or from any activity or service offered by Petaluma Valley Athletic Club. I agree to allow my child to participate in all Petaluma Valley Athletic Club activities. **I allow for photographs taken, while at the club, to be used for marketing purposes unless otherwise indicated in writing prior to publication of the images.**

PARENT'S SIGNATURE: _____ DATED: _____

RELEASE OF LIABILITY

I, the undersigned, recognize that the use of the equipment and the facilities of Petaluma Valley Athletic Club involves a risk of physical injury, including that caused by the negligence of myself, my child whose name is listed above, and Petaluma Valley Athletic Club, it's agents and employees. I hereby agree to assume the risk of injury in its entirety regardless of the cause.

I agree to assume the risk in my own and my child's participation in any activity, class, program, instruction, or Petaluma Valley Athletic Club sponsored event. I agree that if my child or I engage in any physical exercise or activity or use any Petaluma Valley Athletic Club facility or any of it's affiliates or related entities, we do so at our own risk and assume the risk of any and all injury and/or damage while engaging in any physical exercise or activity or use of any club facility on the premises.

I agree that my child and I are voluntarily participating in the aforementioned activities and voluntarily using the Petaluma Valley Athletic Club facilities. I agree to assume all risk of injury, illness, damage, or loss to me or my child or our property that might result, including, without limitation, any loss or theft of any personal property, injuries or damages that might result from the negligence of Petaluma Valley Athletic Club or any of it's affiliates, employees, agents, representatives, successors, and assigns.

I agree on behalf of myself and all of my personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Petaluma Valley Athletic Club and its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action known or unknown arising out of the negligence of Petaluma Valley Athletic Club or any of it's affiliates, employees, agents, representatives, successors, and assigns. I further expressly agree that the foregoing release of liability agreement is intended to be as broad and inclusive as permitted by the law in the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS **RELEASE OF LIABILITY** AND FULLY UNDERSTAND THAT IT IS AN ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS **RELEASE OF LIABILITY**, I AM GIVING UP MY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PETALUMA VALLEY ATHLETIC CLUB OR ANY OF ITS AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR IT'S NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE **RELEASE OF LIABILITY** AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

PARENT'S SIGNATURE: _____ DATED: _____