



# Robinswood Tennis Center

## Junior Team Registration Form Fall Session 1 2019 Sept 3<sup>rd</sup> – Oct 26<sup>th</sup>

For staff use only

Tryouts		Team Payment
1 <sup>st</sup> Day	2 <sup>nd</sup> Day	

Registration Begins Immediately—Evaluations are held the first week of each new session.  
Payment is due for tryout. If participants make a team, payment for class is needed by start of second week.  
*Robinswood Tennis Center does not give refunds or prorate fees. Credit may be given, but only under special circumstances.*  
*Management approval is required*

Mail to: Robinswood Tennis Center  
P.O. Box 90012  
Bellevue, WA 98009-9012

Fax-in to: (425) 649-4353  
Drop-off at: 2400 – 151<sup>st</sup> PL SE, Bellevue  
Questions? (425) 452-7690

Please Print:

Adult Last Name \_\_\_\_\_ First \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (including Area Code) \_\_\_\_\_ Evening Phone (including Area Code) \_\_\_\_\_

Email \_\_\_\_\_

Participant's Name	Date of Birth	Day & Time	Class Name and Course #	Class Fee
		<b>Saturday 11:30am – 12:30pm</b> (No Class on Sept 14 <sup>th</sup> ) (Tryout date: Sept 7 <sup>th</sup> )	<b>Booster Team 1903943</b>	<b>\$72</b>
		<b>Saturday 9:00am – 10:00am</b> (Tryout date: Sept 7 <sup>th</sup> )	<b>Prep Team 1903658</b>	<b>\$84</b>
		<b>Tues/Thur 4:00pm – 5:15pm</b> (Tryout dates: Sept 3 <sup>rd</sup> & 5 <sup>th</sup> )	<b>Team I 1903691</b>	<b>\$168</b>
		<b>Tues/Thur 5:15pm – 6:30pm</b> (Tryout dates: Sept 3 <sup>rd</sup> & 5 <sup>th</sup> )	<b>Team II 1903692</b>	<b>\$168</b>
		<b>Mon/Wed 4:30pm-6:30pm</b>  <b>No class on Friday's</b>  (Tryout dates: Sept 4 <sup>th</sup> & 9 <sup>th</sup> )	<b>Tournament Team 1903693</b> <b>**Intermediate or Advanced Rankings required</b>  <b>Elite Team</b> <b>**Advanced Ranking Required</b>	<b>\$260</b>

**WAIVER OF LIABILITY:** In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with me or my child(ren)'s use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me or my child(ren) in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

**PHOTO/VIDEO RELEASE:** I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photos/video tapes taken, without recompense, during City of Bellevue activities and used for publicity purposes.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

REGISTRATION NOT VALID without signed waiver.