



Robinswood Tennis Center

Junior Team Registration Form Summer 2020 July 6 – August 28

For staff use only

Team Payment
<input type="checkbox"/>

Tryouts Attended
<input type="checkbox"/> <input type="checkbox"/>

Evaluations are held the first week of each new session.

If participants make a team, payment for class is due after the final tryout day.

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 – 151st 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
		Tues/Thur 2:00pm – 3:30pm (Tryout dates: July 7 th & July 9 th)	Team I 2002770	\$192
		Tues/Thur 3:30pm – 5:00pm (Tryout dates: July 7 th & July 9 th)	Team II 2002772	\$192
		Mon/Wed 2:00pm-3:30pm *Fri 10:30am-12:00pm (Tryout dates: July 6 th & July 8 th)	Tournament Team 2002774 **Intermediate or Advanced Rankings required	\$288
		Mon/Wed 3:30pm-5:00pm *Fri 9:00am-10:30am (Tryout dates: July 6 th & July 8 th)	Elite Team 2002776 **Advanced Ranking Required	\$288

Yes, I would like to donate \$ _____ toward Tennis Center Scholarship programs. Please include this amount in my total charge.

PAYMENT: Please include payment for each person on the registration form. You may pay by cash, check, Visa or MasterCard.

Payment will not be processed when placed on a waiting list. When paying by check make check payable to the "City of Bellevue"

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 my 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.