



Robinswood Tennis Center – Junior Team Registration Form

Winter Session 2024: January 2 – February 24

*No class (Mon) Jan. 15 & (Mon) Feb. 19

Parent/Guardian: *Please Print*

Last Name _____ First _____

Street Address _____ City _____ Zip _____

Day Phone (including Area Code) _____ Evening Phone (including Area Code) _____

Email _____

Participant: *Please Print*

Last Name _____ First _____ Date of Birth ____ / ____ / ____

Tryout forms can be dropped off at the front desk starting December 12th. Drop-off at: 2400 151st PL SE, Bellevue, WA 98007. Two days of tryouts required. 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. Questions: (425) 452-7690.

Team	Day/s & Time	Tryout Dates (select one)	Fee
ONE DAY TRYOUT (select one)			
Prep (2533)	Sat 9:00am-10:00am	Jan. 6 (Sat) <input type="checkbox"/>	Jan. 13 (Sat) <input type="checkbox"/>
			\$84
TWO DAY TRYOUT (both days required)			
Team 1 (2534)	Tues / Thurs 4:00pm-5:15pm	Jan. 2 (Tues) and Jan. 4 (Thur) <input type="checkbox"/>	\$192
Team 2 (2535)	Tues / Thurs 5:15pm-6:30pm	Jan. 2 (Tues) and Jan. 4 (Thur) <input type="checkbox"/>	\$192
Tournament Team (2536) <small>*Intermediate or Advanced Ranking required</small>	Mon / Wed / Fri 5:15pm-6:30pm	Jan. 3 (Wed) and Jan. 5 (Fri) <input type="checkbox"/>	\$252
Elite Team (2537) <small>*Advanced Ranking Required</small>	Mon / Wed / Fri 4:00pm-5:15pm	Jan. 3 (Wed) and Jan. 5 (Fri) <input type="checkbox"/>	\$252
Yes, I would like to donate to Robinswood Tennis Center. Please include this amount in my total charge			\$ _____

PAYMENT: 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.

FOR STAFF USE ONLY – Sign off when taking payment	TOTAL PAYMENT
Staff Initials _____ Date ____ / ____ / _____	\$ _____