



MAILING ADDRESS:
12819 SE 38th ST, #183
BELLEVUE, WA 98006

PHYSICAL ADDRESS:
4445 SOMERSET BLVD SE
BELLEVUE, WA 98006
(425) 747-5575

2017 Group Tennis Lessons

Last Name:			
First Name(s): (adult)			
Home Phone:		Cell Phone:	
Email Address(s):			
Address:			
City:		State / Zip:	

Pricing		Age 8 and Under 9:30am – 10:15am		Age 9 – 12 11:00am – 12:00pm	
		Member	Non Member	Member	Non Member
Session #1	June 28 – 29	25	32.50	30	40
Session #2	Jul 3-6	37.50	48.75	45	60
Session #3	July 10 - 13	50	65	60	80
Session #4	July 17 – 20	50	65	60	80
Session #5	July 24 – 27	50	65	60	80
Session #6	July 31 – Aug 3	50	65	60	80

Child's name				Age:	Sex: M F
Session #: 1 2 3 4 5 6	Level:	8 and under 9 -12 year old			
Child's name				Age:	Sex: M F
Session #: 1 2 3 4 5 6	Level:	8 and under 9 -12 year old			
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Session #: 1 2 3 4 5 6	Level:	8 and under 9 -12 year old			
Child's name				Age:	Sex: M F
Session #: 1 2 3 4 5 6	Level:	8 and under 9 -12 year old			

Parent / Guardian Release:

I, parent or guardian of the child(ren) listed on this form, consent for medical care to be provided to him/her. I also give my consent in case I may not be reached, that my child(ren) may receive further medical care at a doctor's office, hospital, acute care clinic or emergency department. The emergency contacts listed below have my permission to transport my child(ren) and to give consent or refuse treatment until I can be reached. As in all active sports, there are risks and hazards, and accidents may occur. I recognize tennis can have inherent risks and I accept the risks in this activity. I agree to Release, Hold Harmless, and Indemnify Somerset Recreation Club, Inc. and its employees, volunteers and officers from all claims, liabilities or costs, which may arise out of participation in this program.

Parent / Guardian Signature:			
Printed Name:		Date:	