

Adult Tennis Clinics at Sacred Heart Schools

Session Sign Up

NAME:	
TENNIS EXPERIENCE: (CIRCLE ONE)	NOVICE, LOW INTERMEDIATE, INTERMEDIATE
CLINIC ATTENDING : (Option Number)	
PHONE NUMBER:	
ADDRESS:	
EMAIL ADDRESS:	
AMOUNT ENCLOSED:	

WAIVER OF LIABILITY: By signing below, registrant understands and accepts that he/she is taking tennis lessons at his/her own risk. Registrant hereby expressly waives any claim of liability against Jeff Arons, Jeff Arons Tennis, their agents and contractors for any negligence, personal injury, premises liability or other damages which occur to registrant during the above described tennis lessons. This waiver is a complete release of any responsibility for injuries or damages sustained whether or not the registrant was engaged in playing tennis at the time of the injury.

Signature _____ **Date** _____

Please send the above information and all checks to Jeff Arons at the following address: 115 Willowbrook Drive, Portola Valley, CA 94028

All checks should be made payable to "Jeff Arons". Spots will be allocated in the order the checks are received. These clinics are run by Jeff Arons and his staff and are not a program of Sacred Heart Schools. Please do not hesitate to call me at (650) 851-3059 with any questions you may have regarding the clinics.