

Junior Tennis Clinics at Sacred Heart Schools

Session Sign Up

NAME OF STUDENT(S):	
STUDENT'S GRADE(S):	
TENNIS EXPERIENCE (Circle One):	BEGINNER, INTERMEDIATE, TOURNAMENT PLAYER
CLINIC(S) ATTENDING: (Include Day(s) and Time(s))	
SCHOOL CURRENTLY ATTENDING:	
NAME OF PARENTS:	
PHONE NUMBER:	
ADDRESS:	
EMAIL ADDRESS:	
AMOUNT ENCLOSED:	

WAIVER OF LIABILITY: By signing below, student/parent understands and accepts that he/she or their child who is named above is taking tennis lessons at his/her own risk. Student/parent 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 student during the above described tennis lessons.

This waiver is a complete release of any responsibility for injuries or damages sustained whether or not the student 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.