Eldorado Tennis Junior Development Registration Form

Parent/Guardian Information

Parent 1 First Name _____ Last Name _____

Phone _____ Email _____

Parent 2 First Name _____ Last Name _____

Phone _____ Email _____

Child Information

Child 1 First Name _____ Last Name _____

DOB/Age _____

Child 2 First Name _____ Last Name _____

DOB/Age _____

Child 3 First Name _____ Last Name _____

DOB/Age _____

Child 1	Child 2	Child 3
☐ Red Ball (Ages 5-8)	☐ Red Ball (Ages 5-8)	☐ Red Ball (Ages 5-8)
☐ Orange Ball (Ages 8-10)	☐ Orange Ball (Ages 8-10)	☐ Orange Ball (Ages 8-10)
☐ Skills Training (Ages 10-18)	☐ Skills Training (Ages 10-18)	☐ Skills Training (Ages 10-18)
☐ Performance (Ages 10-18)	☐ Performance (Ages 10-18)	☐ Performance (Ages 10-18)

Eldorado Tennis Junior Development
Medical Information & Emergency Authorization

Please list any information we should be aware of to ensure your child's safety during class.

Allergies (food, insect, environmental, medication, etc.):

☐ None

☐ Yes (please explain): _____

_____

Medical Conditions (asthma, diabetes, seizures, etc.):

☐ None

☐ Yes (please explain): _____

_____

Medications taken during class hours:

☐ None

☐ Yes (please list dosage & instructions): _____

_____

Special needs or accommodations:

☐ None

☐ Yes (please explain): _____

_____

Emergency Contact (if Parent/Guardian is Unreachable)

Name: _____

Relationship: _____

Phone Number: _____

Medical Authorization (Required)

☐ I certify that my child is physically able to participate in tennis activities. In the event of an emergency, I authorize camp staff to seek medical treatment for my child if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

Parent/Guardian Acknowledgment

☐ I confirm that the above medical information is accurate and complete.

Eldorado Tennis Junior Development
Junior Program Policies, Waiver, & Billing Agreement

Please read carefully before checking the acknowledgment box below.

Assumption of Risk
I understand that participation in tennis instruction and related athletic activities involves inherent risks, including but not limited to physical exertion, slips or falls, contact with other participants or equipment, and weather-related conditions. I voluntarily assume all risks associated with my child's participation in junior classes.

Release of Liability
I hereby release, waive, and discharge Eldorado Country Club, its owners, employees, coaches, contractors, and volunteers from any and all claims, demands, injuries, losses, or causes of action arising out of or related to my child's participation in junior classes, except in cases of gross negligence or willful misconduct.

Medical & Emergency Care
I grant permission for camp staff to administer basic first aid and to seek emergency medical treatment for my child if necessary.

Code of Conduct
I understand that my child is expected to:

- Follow coach instructions
- Treat staff and other players with respect
- Use equipment safely
- Demonstrate appropriate sportsmanship

Disruptive, unsafe, or disrespectful behavior may result in removal from class. Continued behavioral concerns may result in dismissal from the program.

Monthly Billing & Charge Policy
Junior class fees are charged on the **last day of each month** based on the total number of classes attended during that month.

- The payment method on file will be automatically charged.
- Fees are calculated based on actual attendance.
- Parents/guardians are responsible for maintaining a valid payment method on file.
- Outstanding balances may result in suspension from future classes.

Photo & Video Permission (Optional)
☐ I grant permission for my child's image to be used in photos or videos for promotional and marketing purposes.
☐ I do **not** grant permission.

Parent/Guardian Acknowledgment

☐ I have read, understand, and agree to the Junior Program Policies, Assumption of Risk, Release of Liability, and Monthly Billing Terms outlined above. I acknowledge my selections regarding photo and video permission.

Eldorado Tennis Junior Development Payment Method

Payment Method (Select One)

☐ **Member Account Charge (ECC Members Only)**

Member Name: _____

Member Number: _____

☐ **Credit Card**

☐ Visa/Mastercard ☐ American Express ☐ Discover

Name On Card: _____

Credit Card Number: _____

Exp. Date: _____ CVV: _____

I authorize Eldorado Country Club to charge the payment method provided on file on the last day of each month for junior class fees based on the total number of classes my child attended during that month.

I understand and agree that:

- Charges will be calculated based on actual attendance.
- The payment method on file will be automatically charged.
- I am responsible for maintaining a valid and up-to-date payment method.
- If a payment is declined, I remain responsible for the outstanding balance and any applicable processing fees.
- Outstanding balances may result in suspension from future classes until resolved.

Parent/Guardian Name: _____

Signature: _____ Date: _____