



Eldorado Tennis

Junior Registration Form

Parent Info	Parent 1	Parent 2	Emergency Contact
First Name			
Last Name			
Phone #			
Email			

Child Info	Child 1	Child 2	Child 3
First Name			
Last Name			
DOB / Age			
Class (circle one)	Red Ball Orange Ball Skills Training Performance	Red Ball Orange Ball Skills Training Performance	Red Ball Orange Ball Skills Training Performance

Acceptance of the entry in these programs is without responsibility of any kind by Eldorado Country Club, its associates, or any other entity sponsoring the event. I do, hereby, for and on behalf of my heirs, my legal representatives, and myself forever agree to indemnify and hold harmless Eldorado Country Club, its associates, and sponsoring firms of any liability which may occur to the entrant during the programs.

SIGNATURE _____ **DATE** _____



Eldorado Tennis Junior Development 2025 Registration Form

Payment Method

MEMBER CHARGE	MEMBER NAME	MEMBER #

OR

CREDIT CARD	CARD #	CARD TYPE
		VISA/MC DISCOVER AMEX
NAME ON CARD		EXP. DATE
		CVV

Photograph Permission

I give permission for Eldorado Country Club (ECC) and its employees/instructors to use, without limitation or obligation, photographs, film footage or tape recordings that may include the Participant's image or voice for purposes of promoting ECC's programs.

Release

By signing below, I acknowledge that I am the parent and/or guardian of the above registered child. I hereby authorize ECC to contact paramedics immediately in the event of an emergency and/or administer first aid for minor injury. I also release ECC, its owners, employees and associates from any and all liability that results except those acts of negligence from the Club, owners, or staff. I understand that registration is non-transferable or refundable inside 30 days. I authorize Eldorado Country Club to charge the payment method provided on the last day of training each month, according to how many classes my child attends throughout the month. I understand this authorization shall remain in full force and effect throughout the term of our inclusion in the Eldorado Tennis Junior Development program. At any time that the chosen method of payment changes, it is my responsibility to inform Eldorado Tennis immediately of these changes.

Signature of Parent/Guardian _____ Date _____

EMERGENCY MEDICAL INFORMATION

Full Name of Participant: _____ DOB: _____

Allergies: _____

Immunizations: _____

Medical History (i.e. diabetes, epilepsy, etc.): _____

Hospital: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Phone #: _____

Name of Policy Holder: _____

Policy #: _____ Group #: _____

Emergency Contacts:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Authorized By:

Signature of Parent/Guardian

Relationship to Participant

Date