

The Colony Club



Junior Clinics Spring 2018



Tuesday	Wednesday	Thursday
Advanced 4:30-6pm	Novice 3:15-4pm Beginner 4-5pm	Intermediate 4:30-6pm
Dates: 4/10 - 6/12 10 Classes Total	Dates: 4/11 - 6/13 10 Classes Total	Dates: 4/12 – 6/14 10 Classes Total

Session Rates

Level	Day	Member	Non-Member
Novice	Wednesday	10 x \$23 = \$230	10 x \$28 = \$280
Beginner	Wednesday	10 x \$23 = \$230	10 x \$28 = \$280
Intermediate	Thursday	10 x \$35 = \$350	10 x \$42 = \$420
Advanced	Tuesday	10 x \$35 = \$350	10 x \$42 = \$420

To register, please complete the *Sign-Up & Authorization Form* and submit to tennis office.

Questions? Call (650) 712-7663 or email kevin@hmbta.com.

Novice – For young players ages 5-6, this class emphasizes the development of basic motor skills using rackets, balls, tennis court dimensions and loads of fun!

Beginner – For players ages 7-9, this class builds tennis fundamentals and introduces friendly competition, with a focus on enjoying the game.

Intermediate – For juniors ready to play full court tennis, this class focuses on improving racket skills and tennis fundamentals, with lots of friendly competition.

Advanced – For players with tournament experience, this class further develops a player's understanding and mastery of the game and is for juniors looking to gain local, state and national rankings.

Our tennis professionals would be happy to help determine the appropriate class for your child.



JUNIOR TENNIS SIGN-UP & AUTHORIZATION FORM



Child Name _____ Sex _____
 Date of Birth _____ Age _____
 Parent/Guardian _____
 Email _____
 Colony Club Member? Yes No

Please check which clinic(s) your child will participate in:

Novice (Wednesday)
 Beginner (Wednesday)
 Intermediate (Thursday)
 Advanced (Tuesday)

We require two emergency contacts.

Name _____
 Phone Number _____

Name _____
 Phone Number _____

CHECK INFORMATION
Please write checks payable to "The Ritz-Carlton."
 Check Number _____

CREDIT CARD INFORMATION
 Name (Exactly as it appears on Credit Card)

 Credit Card Number _____
 Expiration _____
I authorize The Ritz-Carlton, Half Moon Bay, to charge my credit card for any outstanding balance not covered by advanced payment, in the event that charges are not completely settled upon conclusion.

Cardholder's Signature: _____
 Date: _____

Check if Applicable or Allergic:

Diabetes Insect Stings Penicillin
 Epilepsy Behavior Problems Asthma
 Other _____
 Operations/Serious Injuries/Diseases/Restrictions on Physical Activity:

 Name and Purpose of any Medication:

Questions? Call (650) 712-7663 or email kevin@hmbta.com.
Thank you for participating in the Junior Tennis Program!

Parent/Guardian is required to sign document below to acknowledge understanding and agreement of the content.

Name of Minor: _____
 In consideration of my child being given the opportunity to participate in Half Moon Bay Tennis Academy's tennis program at The Ritz Carlton, Half Moon Bay, I hereby agree on behalf of my minor child as follows:

1. I am aware of the skills needed for, and recognize the risks of injury or harm that may occur to my minor child as a result of, my child's participation in tennis at The Ritz-Carlton, Half Moon Bay. I assume such risks on behalf of my child as a condition of his/her being permitted to participate in tennis.
2. For my minor child and for myself, and for my minor child's heirs, successors and assigns, I hereby release and forever discharge The Ritz-Carlton, Half Moon Bay, The Ritz-Carlton Hotel Company, L.L.C., the owner of The Ritz-Carlton, Half Moon Bay, Half Moon Bay Tennis Academy and each of their respective parents, subsidiaries and affiliates, and each of their respective officers, directors, shareholders, agents, employees, successors and assigns from any and all actions, costs, suits, demands, claims, damages, losses and liabilities (including reasonable attorney's fees) of any type or kind whatsoever arising out of or caused by my child's participation in tennis at The Ritz-Carlton, Half Moon Bay.
3. I hereby agree for my minor child, and for myself, and for my minor child's heirs, successors and assigns, to indemnify, defend and hold harmless The Ritz-Carlton, Half Moon Bay, the owner of The Ritz-Carlton, Half Moon Bay, The Ritz-Carlton Hotel Company, L.L.C., Half Moon Bay Tennis Academy and each of their respective parents,, subsidiaries and affiliates, and their respective officers, directors, shareholders, agents, employees, successors and assigns from and against any and all actions, costs, suits, demands, claims, damages, losses and liabilities (including reasonable attorney's fees) of any type or kind whatsoever including but not limited to bodily injury, personal injury and property damage arising out of or caused by my child's participation in tennis at The Ritz-Carlton, Half Moon Bay.
4. In case of an emergency, I authorize Half Moon Bay Tennis Academy and The Ritz-Carlton, Half Moon Bay, to seek medical attention through Seton Coastside Medical Center. I also accept any and all financial responsibility for such treatments.

Signature _____
 Print Name _____
 Phone _____

Photo Release
 I give permission to Half Moon Bay Tennis Academy (HMBTA) to photograph my child participating in HMBTA activities, and to use photographic images taken of my child for promotional purposes. This includes but is not limited to publishing such images on the HMBTA website. These images will be the property of HMBTA. I agree that HMBTA may edit, copy, publish or distribute these images and I waive the right to inspect or approve the finished product, as well as any rights to compensation for such images.

Signature _____