

OHTC Sharks Swim Lesson Registration

Monday/ Tuesday/ Wednesday/ Thursday/ Friday/ Saturday

Preferred Time(s): _____



Student(s)

Name: _____

DOB: _____ Circle: Member / Non Member

Parent(s) Name: _____

Parent(s) Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*We have limited slots available, and members have priority. A nonmember may get bumped to make room for a club member on the team.

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

Physician Name: _____

Medical Number: _____ Phone: _____

Dental Insurance: _____

Dental Number: _____ Phone: _____

Allergies: _____

Medical Concerns: _____

Payment Info:

Circle: Visa/ MasterCard/ Discover/ American Express

Credit Card #: _____

Exp Date: _____ CVV: _____ Billing Zip: _____

*charges will be made at the start of the session

Waiver of Liability

The undersigned student(s) and parent(s) agrees to abide by the rules and regulations of Oakland Hills Tennis Club, ("The Club"). The student(s) and parent(s) also understands that the activities by The Club involve physical risks of injury to him/herself and agree that all use of The Club facilities shall not be liable for any claims, demand, injuries (mental, bodily, or **death**), damages, actions or course of actions whatsoever, including but not limited to the part of The Club, it's officers, agent or employees. The student(s) and parent(s) for him/herself and on behalf of his/her executors, administration and assigns, does hereby expressly forever waive, release and discharge The Club, its successors, and assigns as well as its employees, officers and agents for all such claims, demands, injuries, damages, actions, or causes of actions. Student(s) and parent(s) acknowledge that he/she has carefully read this waiver and release and fully understand that it is a release of liability and express assumption of the risk and indemnity agreement. Non-Members agree to be compliant of all club rules and understand the policy of no loitering or using the facility outside of their lesson.

Name of Student(s): _____

Signature of Parent or Guardian: _____

Date: _____