OHTC Sharks 2025 Summer Swim Team Registration

Circle: 4-5pm Beginner / 5-6pm Intermediate / 6-7pm Advance

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 Name:_____

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 agrees to abide by the rules and regulations of Oakland Hills Tennis Club, (“The Club”). The student 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 students 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. Students 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.

Signature of Student: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____