



Youth League Tennis
4669 Del Moreno Drive
Woodland Hills, CA 91364

PH: 818-347-1898 Fax: 818-340-9171
email: info@youthleaguetenis.org

**Print A Copy of This Page and then complete
all of the requested information.**

**Be Sure To Also Sign & Return The WAIVER AGREEMENT
which is the last page of this document.**

>> DIRECTIONS TO REGISTER BY FAX:

**Fax Your Signed Registration Form and Your Signed Waiver
Agreement to:**

FAX NUMBER: 818-340-9171

>> DIRECTIONS TO REGISTER BY MAIL:

**MAIL Your Signed Registration Form and Your Signed Waiver
Agreement to:**

**Youth League Tennis
4669 Del Moreno Drive
Woodland Hills, CA 91364**

YOUTH LEAGUE TENNIS REGISTRATION FORM

YLT CO-ED TEEN TENNIS

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How did you hear about YLT? (circle one)

FRIEND SCHOOL COACH MAIL OTHER: _____

Have You Played YLT Before? (circle one) YES NO

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell/Pager: _____

Fax: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Physician Name: _____

Insurance Carrier: _____

Please List All Persons Authorized For Pickup: 1. _____ 2. _____
3. _____ 4. _____

FIRST CHILD

Reigster My Minor Child: _____

Date Of Birth (DD/MM/YYYY): _____ Gender: (Circle) BOY GIRL

Current School Attending: _____

___ JV HS Player – Position _____

Tennis Experience? Check All That Apply
___ Varsity HS Player – Position _____

___ Ranked Player – Ranking _____ Age Div. _____

*Note all players must be able to rally, serve and score. Players ranked in the top 100 in the 16 & under or 18 & under age divisions are ineligible to play YLT.

Site Request Choice #1: _____

Site Request Choice #2: _____

Siblings/Friends Enrolling: _____

SECOND CHILD

Reigster My Minor Child: _____

Date Of Birth (DD/MM/YYYY): _____ Gender: (Circle) BOY GIRL

Current School Attending: _____

___ JV HS Player – Position _____

Tennis Experience? Check All That Apply
___ Varsity HS Player – Position _____

___ Ranked Player – Ranking _____ Age Div. _____

Site Request Choice #1: _____

Site Request Choice #2: _____

Siblings/Friends Enrolling: _____

THIRD CHILD

Register My Minor Child: _____

Date Of Birth (DD/MM/YYYY): _____ Gender: (Circle) BOY GIRL

Current School Attending: _____

JV HS Player – Position _____

Tennis Experience? Varsity HS Player – Position _____
Check All That Apply

Ranked Player – Ranking _____ Age Div. _____

Site Request Choice #1: _____

Site Request Choice #2: _____

Siblings/Friends Enrolling: _____

AGREEMENT

I understand that all players must be dropped off and picked up promptly and that YLT does not provide any supervision before or after the scheduled arrival/pick-up time at my league site. I agree to return a signed Waiver/Assumption of Risk/Indemnity/Emergency Release Agreement, and accept that without this signed form my child will not be allowed to participate in any YLT programs. I further attest that all of the info I have enclosed is correct and truthful to the best of my knowledge. I agree to pay a \$15.00 fee for any returned check. I understand that NO refunds will be given AFTER March 3, 2004 for ANY reason. If I wish to withdraw from the league & receive a refund, I will withdraw in writing via mail, fax or email by March 3, 2004. I understand that there is a nonrefundable \$25.00 registration fee.

GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the State of California. The parties hereby irrevocably consent to the jurisdiction of the state and federal courts located in Van Nuys, California, in any action arising out of or relating to this Agreement, and waives any other venue to which either party might be entitled by domicile or otherwise. **ATTORNEY'S FEES.** If any action at law or in equity is brought to enforce or interpret the provision of this Agreement, the prevailing party in such action shall be awarded its attorneys' fees and costs incurred I understand that no refunds will be given for any reason after the posted cut-off dates:

Signature

Date

REGISTRATION FEES: Checks and Money Orders should be made payable to Youth League Tennis.

\$130.00 **SESSION FEE**
Includes 7 weeks of COED play, a demo day, hit for prize day, pass to the Mercedes Benz Cup Pro Tournament day matches & a ticket to the evening Pro-Celebrity event.

\$5.00 **BALL FEE**
Includes Balls for 8 Weeks of Play

ADDITIONAL OPTIONAL FEES

\$15.00 **USTA Registration Fee**
Become an USTA member & you'll receive a membership card, SCTA tournament directory, a year subscription to Tennis Magazine, Inside Tennis Magazine and the SCTA newsletter

Additional tickets to attend the evening Mercedes Benz Cup Pro Celebrity Event @ UCLA at a special discount Regular Price: \$35.00

YLT Elite Price: \$22.00 x _____ # of Tickets Desired = _____

\$ _____ I Have Enclosed Payment for the Total Amount. If ordering tickets please be sure to include that in your total.

Credit Card Authorization: I authorize Youth League Tennis to charge my credit card for the total amount enclosed as indicated above:

Credit Card #: _____ Exp. Date _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Name On Card: _____

Signature: _____



YOUTH LEAGUE TENNIS WAIVER AGREEMENT

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In consideration of being permitted to participate in any way in Youth League Tennis (YLT) I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue YLT, its officers, employees, and agents from liability from any and all claims including the negligence of YLT, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in YLT.

Assumption of Risk: Participation in YLT carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruised, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in YLT. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless YLT from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorneys fees) and cost which may arise by reason of participation in YLT. (YLT does not provide any insurance for program participants).

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT: I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury.

I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in YLT.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Printed Name

Signature

Date

**Please return this signed form to Youth League Tennis
via FAX: 818-340-9171 or mail: 4669 Del Moreno Drive, Woodland Hills, CA 91364**