



Hayward Area Recreation and Park District
 1099 'E' Street
 Hayward, CA 94541
 (510) 881-6700
 Tennis

Private or Semiprivate Tennis Lessons Request Sheet

Ages: 7 years and up

Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

Parent/Guardian: _____

Telephone Number: _____ Alternate Telephone Number: _____

Email: _____

Please circle one on days of the week, length of lesson, days, location and approximate level.

How many days a week: 1 or 2 Length of Lessons (in hours): 1 1 ½ 2
 Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 1st Choice for Time Slot: _____ 2nd Choice of Time Slot: _____

Preferred Start Date (if known): _____ Preferred End Date (if known): _____

Location: Bay Trees Castro Valley Mervin Morris Mt. Eden Other: _____

Approximate Level: Beginner Advanced Beginner Intermediate Advanced Rating: _____

Preferred Instructor (if known): _____ Number of Lessons: _____

Notes/Special Needs: _____

For Staff Use

Assigned Instructor: _____ Location: _____

Day: _____ Dates: _____

Time: _____ Length (in hours): _____

Court Reserved: Yes No Registration Form Signed and Completed: Yes No

Paid: Yes No Amount: _____

Approval: _____ Date: _____

**HAYWARD AREA RECREATION AND PARK DISTRICT
REGISTRATION FORM**



Make check payable to: H.A.R.D.

Mail to: 1099 "E" Street, Hayward, CA 94541

Fax to: (510) 881-6763

www.haywardrec.org

FIRST NAME _____ LAST NAME _____
 ADDRESS _____ STREET _____
 CITY _____ ZIP _____
 EMAIL ADDRESS _____ HOME PHONE _____
 WORK PHONE _____ OTHER PHONE: (CELLULAR, EMERGENCY) _____
 X _____ EXT. _____

Participant's First and Last Name		Sex	Birthdate	FIRST CHOICE		SECOND CHOICE		FEES	
Class Name		Class Number		Class Name		Class Number			
		/ /						\$	
		/ /						\$	
		/ /						\$	
NON-RESIDENT FEE IS ADDITIONAL \$10 PER CLASS									
# of classes _____ x \$10 per class =									
TOTAL AMOUNT DUE:								\$ _____	

LIABILITY AGREEMENT, WAIVER, AND RELEASE

I have carefully read description of class(es) for which I/we are registering and in consideration for being permitted by the Hayward Area Recreation and Park District to participate in the [above] activity [described in this brochure], I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Hayward Area Recreation and Park District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: *(To be completed and signed by parent/guardian if applicant is under 18 years of age)*

I hereby consent that my son/daughter, _____ participate in the [above] activity [described in this brochure], and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HAYWARD AREA RECREATION AND PARK DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature: _____
 Parent Guardian Participant

Date: _____

PAYMENT METHOD:

Cash Client Credit Check: # _____
 Visa MasterCard Amex

CARD NUMBER: _____

Credit Signature: _____ Exp. Date: _____

IMPORTANT INFORMATION:

- Registration will not be processed unless ALL of the information is completely filled out and the liability agreement (left) has been signed.
- For confirmation, send a stamped, self-addressed envelope.

DAY CAMP INFORMATION:

Grade youth will be entering in September: _____

T-shirt Size: YOUTH: XS YM YL ADULT: AS AL AXL