

# RA TENNIS PROGRAM REGISTRATION FORM

Adult Lesson Registration

Name: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female NTRP Rating \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PHONE: Home \_\_\_\_-\_\_\_\_-\_\_\_\_ Work \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Adult Classes:**

- Beginner
- Advanced Beginner
- Intermediate
- Advanced
- Serving Class
- Ball Machine Drills

**Court Locations:**

- Lake Newport
- Hook Road
- Shadowood
- Newbridge
- Autumnwood
- North Hills

Session Number \_\_\_\_ Location \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \_\_\_\_\_  
 Check here if you would like to be a tennis volunteer. Check Your Area of Interest  Advisory Committee  Socials  Fundraising

## Registration for Leagues, Dial-A-Match & Ladder

**Adult Leagues**

- Wed  Thurs
- Reston Team Tennis League

Captain's Name \_\_\_\_\_

- Greater Washington Tennis League
- Northern Virginia League
- MENS  WOMENS  MIXED
- SENIOR ROUND ROBIN

**Junior Leagues**

- Northern Virginia
- STROKE OF THE WEEK**

Date \_\_\_\_\_  
 Stroke \_\_\_\_\_  
 Cost \_\_\_\_\_

**Tennis Ladder**

- Male  Female
- Singles  Doubles
- Juniors

Doubles Partner \_\_\_\_\_

**Doubles Clinic**

- T/Th  M/W  M/T

**DIAL - A - MATCH**

When are you available to play?

- Weekdays
- Evenings
- Weekends
- Anytime
- Level \_\_\_\_\_

Junior Lesson Registration

Parent/Guardian's Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PHONE: Home \_\_\_\_-\_\_\_\_-\_\_\_\_ Work \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_ E-Mail \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Sex:  M  F

**Junior Levels:**

- Munchkin  Aces  Hot Shots  Initiation  Apprentice  Transitional
- Futures  High School Development  Junior Serve  Junior Ladder

Session Number: \_\_\_\_\_ Location: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Sex:  M  F

**Junior Levels:**

- Munchkin  Aces  Hot Shots  Initiation  Apprentice  Transitional
- Futures  High School Development  Junior Serve  Junior Ladder

Session Number: \_\_\_\_\_ Location: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \_\_\_\_\_

Payment

Payment can be made by personal check, cash or credit card. Please make checks payable to Reston Association. If mailing registration form, please send to: Reston Association, 1930 Isaac Newton Sq., Reston, VA 20190-5093. **No faxes will be accepted.**

Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_  Visa  MC Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

WAIVER

I hereby release the Reston Association (RA), and any of its directors, officers, employees and agents, from all claims for bodily injury, death or property damage arising out of my and my child's participation in the above event(s), except for claims caused directly by the negligence or willful misconduct of RA. I assume full responsibility for all liability in connection with such claims, and for having insurance for me and my child. I agree to indemnify RA and hold RA harmless against any such claims and related costs, including claims by any minor which may be brought after attaining majority. I also hereby grant permission for Reston Association to photograph and videotape my child and to use such photographs and videotapes for promotional and advertising purposes and for trade purposes.

I promise to abide by the rules and regulations of RA's tennis courts and exercise care and caution for my and/or my child's personal safety and that of my fellow participants.

I acknowledge and agree that my and my child's participation in any program sponsored by RA or presence at its tennis courts or other areas under RA's control, may be an activity where injury can occur and shall be undertaken at my and my child's sole risk. I hereby certify that I and my child are physically fit and have not been otherwise informed by a physician. I understand that RA employs no physicians, and its staff cannot and does not diagnose medical problems.

**Signature of Participant (or parent/legal guardian if participant is under 18 years of age):**

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MAKE A CONTRIBUTION TO OUR CHILDREN'S TENNIS SCHOLARSHIP FUND \$ \_\_\_\_\_**

**Refund Policy**

1. Tennis lessons are non-refundable except for medical reasons or family emergencies.
2. Any program cancelled by the Reston Association will result in a full refund.