



sign-up form

**to register: fax or mail the form below,
or call the palisades tennis center at 310 573.1331**

palisades tennis center 851 alma real drive, pacific palisades, CA 90272 fax 310 573.1333 palitenniscenter.com



Session is for <input type="checkbox"/> Adult <input type="checkbox"/> Junior: Age ____ School _____	Name of Registrant _____
Workout Name _____ Day ____ Time ____	Telephone 1 _____ Telephone 2 _____
Workout Name _____ Day ____ Time ____	Address _____
Workout Name _____ Day ____ Time ____	City _____ State ____ ZIP _____
Total Amount \$ _____	E-mail (optional) _____
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa, MC, Amex)	Name of Physician _____
Credit Card # _____ Exp. Date ____	Physician's Telephone _____
Name (exactly as it appears on Credit Card) _____	Special Needs (allergies, etc.) _____

I do hereby release Atonal Tennis Inc., the Palisades Tennis Center, the Department of Recreation and Parks and the City of Los Angeles and any employees or independent contractors affiliated with these entities from any liability or responsibility for accident or injuries my above identified children or I may incur. I also authorize the Palisades Tennis Center to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Signature (or signature of parent or guardian if registering a minor) _____ Date _____