

JUNIOR TENNIS TEAM

Who: There are three teams one can join:

- ★The “**Novice**” team is for tennis players who are just starting to compete.
- ★The “**Satellite**” team for players who are ready to advance from novice.
- ★The “**Open**” team is for more experienced competitors who may play on their high school or middle school team.

What: Come join the Santa Monica Tennis Junior Team which competes in Spring, Fall and Winter.

Where: Matches are at country clubs and tennis facilities located primarily on the Westside. A schedule of matches and match locations will be distributed one week prior to the first match.

When: Every other Sunday afternoon. The 2018 Fall season begins mid-September. Matches will be at 1:00pm or 3:00pm or 5:00pm and will last 2 hours. Transportation is not provided.

How: Fill out this flier. Not sure which team to join, ask Coach Richard Goldenson

Cost: \$120 for 5 to 6 matches. There will be a 6th match if the team makes the playoffs.

Please remit Registration form/fees to:

Santa Monica Tennis
PO Box 3293
Santa Monica, CA 90408-3293

Questions:

310.358.3393
Richard@SantaMonicaTennis.com



Rosters have a maximum capacity. Register early to ensure a spot on a team.

SANTA MONICA JUNIOR TENNIS TEAM REGISTRATION

Name of Player _____ Age _____
Playing
Experience _____

Parents/Guardian _____
Address _____

Contact info:

(Mom-Cell) _____
Mom-Email) _____
(Mom-Other) _____
(Dad-Cell) _____
(Dad-Email) _____
(Dad-Other) _____
Guardian Contact _____

Info:

Allergies _____ Other _____

Please check one:

Novice _____ (The first match is TBA)

Satellite _____ (The first match is TBA)

Open _____ (The first match is TBA)

Waiver, Release and Assumption of Risk

In consideration of my child's participation with the team, I waive and release all claims for damages from death, personal injury or property damage that may occur as a result of participating on the team. This discharges in advance Santa Monica Tennis, the City of Santa Monica, Richard Goldenson, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that leaders of the team deems necessary.

Signature of Parent/Guardian

Date