



Junior Clinics Spring 2019



Clinics

Beginner	Intermediate	Advanced
Wednesday 4-5pm Dates: 4/3 - 6/12 10 Classes Total No Class 4/17	Thursday 4:30-6pm Dates: 4/4 - 6/6 8 Classes Total No Class 4/11, 4/18, 6/13	Tuesday 4:30-6pm Dates: 4/2 - 6/11 10 Classes Total No Class 4/16

Session Rates

Level	Day	Member	Non-Member
Beginner	Wednesday	10 x \$23 = \$230	10 x \$28 = \$280
Intermediate	Thursday	8 x \$35 = \$280	8 x \$42 = \$336
Advanced	Tuesday	10 x \$35 = \$350	10 x \$42 = \$420

To register, please complete the *Sign-Up & Authorization Form* and submit to tennis office.

Questions? Call (650) 712-7663 or email kevin@hmbta.com.

Beginner – For younger kids (ages 6-9), this class builds tennis fundamentals and introduces friendly competition, with a focus on enjoying the game.

Intermediate – For juniors ready to play full court tennis, this class focuses on improving racket skills and tennis fundamentals.

Advanced – For players with more experience, this class further develops a player's understanding and mastery of the game and prepares them for match play.

Our tennis professionals would be happy to help determine the appropriate class for your child.



JUNIOR TENNIS SIGN-UP & AUTHORIZATION FORM



Child Name _____ Sex _____
Date of Birth _____ Age _____
Parent/Guardian _____
Email _____
Colony Club Member? ☐ Yes ☐ No

Please check which clinic your child will participate in:

- ☐ Beginner (Wednesday)
☐ Intermediate (Thursday)
☐ Advanced (Tuesday)

We require two emergency contacts.

Name _____
Phone Number _____

Name _____
Phone Number _____

CHECK INFORMATION

Please write checks payable to "The Ritz-Carlton."

Check Number _____

CREDIT CARD INFORMATION

Name (Exactly as it appears on Credit Card)

Credit Card Number _____

Expiration _____ CVV _____

I authorize The Ritz-Carlton, Half Moon Bay, to charge my credit card for any outstanding balance not covered by advanced payment, in the event that charges are not completely settled upon conclusion.

Cardholder's Signature: _____

Date: _____

Check if Applicable or Allergic:

- ☐ Diabetes ☐ Insect Stings ☐ Penicillin
☐ Epilepsy ☐ Behavior Problems ☐ Asthma
☐ Other _____
☐ Operations/Serious Injuries/Diseases/Restrictions on Physical Activity:

☐ Name and Purpose of any Medication:

Questions? Call (650) 712-7663 or email kevin@hmbta.com.

Thank you for participating in the Junior Tennis Program!

Parent/Guardian is required to sign document below to acknowledge understanding and agreement of the content.

Name of Minor: _____

In consideration of my child being given the opportunity to participate in Half Moon Bay Tennis Academy's tennis program at The Ritz Carlton, Half Moon Bay, I hereby agree on behalf of my minor child as follows:

1. I am aware of the skills needed for, and recognize the risks of injury or harm that may occur to my minor child as a result of, my child's participation in tennis at The Ritz-Carlton, Half Moon Bay. I assume such risks on behalf of my child as a condition of his/her being permitted to participate in tennis.
2. For my minor child and for myself, and for my minor child's heirs, successors and assigns, I hereby release and forever discharge The Ritz-Carlton, Half Moon Bay, The Ritz-Carlton Hotel Company, L.L.C., the owner of The Ritz-Carlton, Half Moon Bay, Half Moon Bay Tennis Academy and each of their respective parents, subsidiaries and affiliates, and each of their respective officers, directors, shareholders, agents, employees, successors and assigns from any and all actions, costs, suits, demands, claims, damages, losses and liabilities (including reasonable attorney's fees) of any type or kind whatsoever arising out of or caused by my child's participation in tennis at The Ritz-Carlton, Half Moon Bay.
3. I hereby agree for my minor child, and for myself, and for my minor child's heirs, successors and assigns, to indemnify, defend and hold harmless The Ritz-Carlton, Half Moon Bay, the owner of The Ritz-Carlton, Half Moon Bay, The Ritz-Carlton Hotel Company, L.L.C., Half Moon Bay Tennis Academy and each of their respective parents, subsidiaries and affiliates, and their respective officers, directors, shareholders, agents, employees, successors and assigns from and against any and all actions, costs, suits, demands, claims, damages, losses and liabilities (including reasonable attorney's fees) of any type or kind whatsoever including but not limited to bodily injury, personal injury and property damage arising out of or caused by my child's participation in tennis at The Ritz-Carlton, Half Moon Bay.
4. In case of an emergency, I authorize Half Moon Bay Tennis Academy and The Ritz-Carlton, Half Moon Bay, to seek medical attention through Seton Coastside Medical Center. I also accept any and all financial responsibility for such treatments.

Signature _____

Print Name _____

Phone _____

Photo Release

I give permission to Half Moon Bay Tennis Academy (HMBTA) to photograph my child participating in HMBTA activities, and to use photographic images taken of my child for promotional purposes. This includes but is not limited to publishing such images on the HMBTA website. These images will be the property of HMBTA. I agree that HMBTA may edit, copy, publish or distribute these images and I waive the right to inspect or approve the finished product, as well as any rights to compensation for such images.

Signature _____