

Pennypacker Country Club Tennis Programming

Clinic Registration Form

Member Non-Member

Date: _____

Player Name: _____ Age: (if a child) _____

Parent/Guardian Name(s): _____

Cell# _____ Email _____

Instructor of Clinic: _____

Registering for: _____

Session start date: _____ Fee: _____

Are there any allergies or medical conditions known that would aid in safe treatment should an emergency occur? _____

Waiver of Liability: *The undersigned client (or parent/guardian of a participant) realized that there are inherent risks in participating in the sport of tennis & acknowledges that they (or their child) do so at their own risk. Owners, employees & agents of the Pennypacker Country club Downingtown, PA shall not be held liable for damages arising from personal injuries or damages sustained by players in, or about the premises of the PCC. In consideration of participation in, & use of PCC, its owners, employees & agents from any & all claims, demands, damages, rights or causes of action resulting from or arising out of players use or intended use of PCC.*

Signature of Client or parent/guardian: _____

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Please make check payable to Pennypacker Country Club

Please mail the registration form & check to:
Pennypacker Country Club
Suite 390, 256 Eagleview Blvd. Exton, PA 19341

Payments: 1st Session: _____ 3rd: _____

2nd Session: _____ 4th: _____

Questions, contact Justin DePietropaolo @ justin@phillyteamtennis.org