



# SESSION POLICIES

Tennis make-up classes are not guaranteed. Missed classes may be made up if advance notice of absence is provided, requested make-up is within current session, and there is room in the requested make-up class. In the event of class cancellation by the club, participants will be refunded the value of the class.

# REGISTRATION INFORMATION

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

(Please Include Participant and Parent Name if Applicable)

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age and date of birth: \_\_\_\_\_ Check one: Male  Female  Please select: Member  Non-Member   
(For Junior Players)

HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the CCBA and agrees to indemnify and forever save harmless the CCBA from all liability to the undersigned for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of the undersigned while in or upon CCBA facilities. The member also releases on behalf of his estate, personal representative, heirs, assigns, and next of kin CCBA employees, agents, officers, and Trustees from any liabilities caused by negligence of the CCBA.

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

I consent to the River Valley Club using a photo of myself and/or my child in their marketing materials.

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

Class name	Day	Time	Total fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PAYMENT OPTIONS:** Check one: Credit Card  Club Account  Check

Card No: \_\_\_\_\_ Exp (MM/YY): \_\_\_\_\_

**MAIL TO:**  
River Valley Club  
Attn: Andrew Gunberg  
33 Morgan Dr.  
Lebanon, NH 03766