

# SPRING BREAK TENNIS CAMP

Santa Monica Tennis offers a camp for youth tennis players of all levels, ages 6-17. Instruction focuses on learning proper strokes and movement that promote optimal physical fitness and fun!

Camp Director, RICHARD GOLDENSON, has been an instructor with the City of Santa Monica since 1996.

| Week | Dates      | Time       | Session # |
|------|------------|------------|-----------|
| 1    | 3/29 - 4/2 | 11am - 1pm | 1001.149  |
| 2    | 4/5 - 4/9  | 11am - 1pm | 1001.151  |



**REGISTER NOW!**  
The registration form is attached to this flyer.

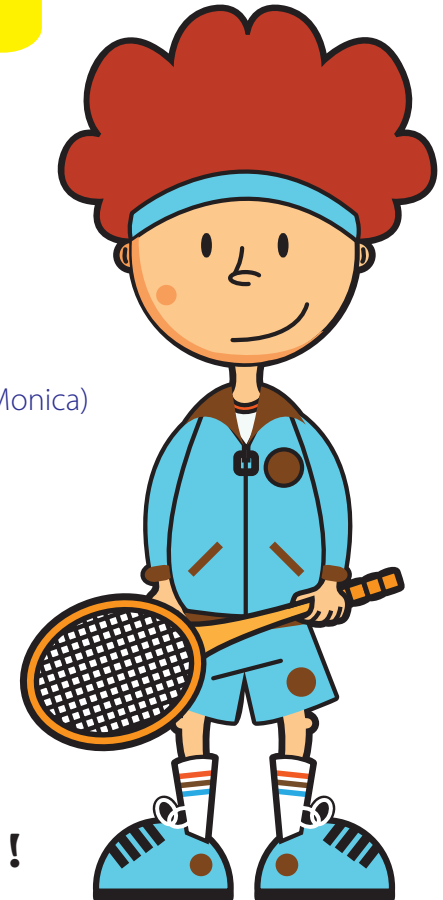
You may enroll your child in one or more sessions/times.  
Registration fees: Santa Monica residents \$132 / Non-residents \$145  
Location: Memorial Park (14th St. between Colorado & Olympic Blvds. in Santa Monica)  
Campers should bring a racket, snack and water (refills available on site).  
Non-marking, rubber-soled shoes must be worn.



City of Santa Monica Community Classes  
Ken Edwards Center  
1527 4th St., #101  
Santa Monica, CA. 90401  
Phone: (310) 458-2239 | Fax: (310) 899-0840



For more info, visit [www.SantaMonicaTennis.com](http://www.SantaMonicaTennis.com) !





See Recscape for listings

### Participant Information

Full Name \_\_\_\_\_

Sex  M  F Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Ph \_\_\_\_\_ Alternate Ph \_\_\_\_\_

Email \_\_\_\_\_

Special Needs/Medications/Allergies \_\_\_\_\_

**Parent/Guardian Information** (Complete if participant is under the age of 18. Leave blank if information is same as above.)

Full Name \_\_\_\_\_

Check if this is a new phone number or email address.

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Ph \_\_\_\_\_ Alternate Ph \_\_\_\_\_

Email \_\_\_\_\_

### SECTION A: Camps, Classes & Activities

| Session #  | Activity Name | 1st Choice<br>Day/Time | 2nd Choice<br>Day/Time | 3rd Choice<br>Day/Time | Fee*              |
|--|---------------|------------------------|------------------------|------------------------|-------------------|
|  |               |                        |                        |                        |                   |
|  |               |                        |                        |                        |                   |
|  |               |                        |                        |                        |                   |
|  |               |                        |                        |                        |                   |
| *Santa Monica residents, please include copy of current utility bill and photo ID. |               |                        |                        |                        | <b>Total Fees</b> |

### SECTION B: Release Authorization

(Complete if participant is under the age of 18)

Please list LOCAL adults over the age of 18 who we are authorized to release your child to in the event that you cannot be reached during an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

My child is at least 12 years of age and may sign him/herself in or out at the end of the program  Yes  No

### SECTION C: Form of Payment

Check (Payable to City of Santa Monica)  Credit Card (circle): MasterCard / Visa / Discover Exp. Date \_\_\_\_\_

Money Order             Mo. \_\_\_\_ /Yr. \_\_\_\_

### Youth Financial Assistance

To apply, call 310-458-8540;  
310-458-8700 or 310-458-2239.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**YOU MUST READ, INITIAL AND SIGN THE WAIVER AND POLICIES ON THE REVERSE SIDE**

**Registrations will not be processed without signature.**

**ONLINE**

at <http://recenteroll.smgov.net>. If you have not registered online before, request your account in advance - approval may take several days.

**FAX**

this completed form with your MasterCard, Visa or Discover card number to **one** of the registration sites below.

**MAIL**

your completed form with payment and a self-addressed, stamped envelope to one of the registration sites below.

**DROP OFF**

your completed form and payment to one of the registration sites listed below. Call ahead to confirm office hours first.

**Community Classes Office**

1527 4th St., #101  
 Santa Monica, CA. 90401  
 Fax: (310) 899-0840  
 Phone: (310) 458-2239

**PARTICIPANT / GUARDIAN WAIVER • REFUNDS • PHOTO RELEASE**

**Waiver, Release and Assumption of Risk**

In consideration of the applicant's participation in the activity(ies) for which I am registering, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of Santa Monica, 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 the leaders of the above deem necessary. **INITIAL HERE:** \_\_\_\_\_

**Refund Policy**

**REFUNDS FOR COMMUNITY CLASSES, COMMUNITY AQUATICS, CREST SPORTS AND CREST ENRICHMENT A** \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing to program supervisor in person or by fax, mail or email. Refunds will be issued only if requested within one business day after the first class meeting.

**REFUNDS FOR CREST CHILD CARE (4TH AND 5TH GRADERS)** If you must withdraw your child from the CREST Childcare Program you are required to notify the Site Coordinator in writing one month prior to withdrawal from the program. Fees are not prorated. If you plan on returning to the program, you will be charged the \$50 registration fee.

**REFUNDS FOR WORKSHOPS AND CAMPS** are only be issued with medical documentation or if requested within 5 calendar days prior to the first meeting. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing to the program supervisor in person or by fax, mail, or email.

**REFUNDS FOR DUPLICATE/MULTIPLE ENROLLMENTS** resulting from multiple registration submissions (at one or more registration sites) will be subject to a \$15.00 processing fee for each activity session refunded.

**Photo Release**

I hereby consent to the photographing, recording and reproduction in any other manner (including use of video and audiotapes) of the likeness, voice and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the Internet. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees from any claims.

**By signing below, I acknowledge that I have read the information above. I understand and agree to the terms and conditions of participation in City of Santa Monica community classes, camps, programs and activities.**

Signature

Parent

Legal Guardian

Participant (if over 18 years of age)

Date

Print Name