

**Registration/Waiver Form** (please, PRINT)

<p>Player's Name: _____ _____ _____</p>	<p>Date of birth: _____ _____</p>
<p>Address: _____ _____ _____</p>	<p>Phone (cell): _____ _____ Player's email address: _____ _____ _____</p>
<p>Parent's or Legal Guardian's Name: _____ _____ _____ Email address: _____ _____</p>	<p>Phone (home): _____ _____ Phone (cell/work): _____ _____</p>
<p>Emergency Name: _____ _____ _____ _____</p>	<p>Phone (home/cell/work): _____ _____ _____ _____</p>

**IMPORTANT NOTE:** In consideration for the acceptance of my application for participation in or presence at the aforementioned facility, I HEREBY WAIVE, RELEASE AND DISCHARGE FOOTHILL/DE ANZA COLLEGE DISTRICT AND J.V. TENNIS DEVELOPMENT ORGANIZATION, THEIR STAFF AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY FOR ANY LOSS, PERSONAL INJURY INCLUDING DEATH, OR PROPERTY DAMAGE THAT MAY HAVE ARISEN OUT OF, OR IN ANY WAY CONNECTED WITH, MY PARTICIPATION OR PRESENCE AT THE AFOREMENTIONED FACILITY, EVEN THOUGH THAT LIABILITY MAY HAVE ARISEN OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE AND HEREIN RELEASED, BUT DO NOT RELEASE THE ABOVE MENTIONED PERSONS OR ENTITIES FORM THEIR FRAUDULENT OR INTENTIONAL ACTS OR FOR THEIR NEGLIGENT VIOLATIONS OF STATUTORY LAW.

Furthermore, I assume all responsibility and agree to indemnify Foothill/De Anza College District and J.V. Tennis Development including their staff and volunteers for any loss, damage or injury to myself or my property which may have been caused by negligence, or any act, of any person connected in any way with the aforementioned facility. I understand that Foothill/De Anza College District, J.V. Tennis Development, their staff and volunteers do not guarantee the construction, condition, or safety of the facilities or the equipment and that this agreement is to be binding on me, my heirs and assigns. I HAVE READ THE ABOVE, UNDERSTANDING ITS MEANING AND VOLUNTARILY SIGN IT. PARENT OR LEGAL GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER 18 YEARS OLD. (PROOF OF AGE MAY BE REQUIRED)

Parent's or Legal Guardian's  
signature \_\_\_\_\_

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

Payment: (Cash/Check) please, make checks payable to Jake Vu

Amount: \$ \_\_\_\_\_

\*Print out and turn in the form at the first session with payment.