



2018 Winter/Spring Junior Tennis Program

Presented by USPTA Professionals Scott Borowiak and Brad Rieser

Drop in format: Pay for eight lessons in advance. Students are only charged for dates attended and may sign up for another eight classes upon completion of the first series. The program runs through May 31, 2018. Attend any days listed for your age group.

Example: Sign up for Monday but then you may also use one or more of your eight classes any other day listed below.

Players are assigned to different courts based on age and ability. Loaner rackets provided.

Groups	Day	Time	Price
Ages 6-11	Monday	4:00 PM – 5:00 PM	\$120 for MVP Members, \$140 for non-members
	Tuesday	4:00 PM – 5:00 PM	\$120 for MVP Members, \$140 for non-members
	Wednesday	4:00 PM – 5:00 PM	\$120 for MVP Members, \$140 for non-members
	Thursday	3:15 PM - 4:15 PM	\$120 for MVP Members, \$140 for non-members
Ages 12-15	Tuesday	4:15 PM – 5:30 PM	\$135 for MVP Members, \$155 for non-members
	Thursday	4:15 PM – 5:30 PM	\$135 for MVP Members, \$155 for non-members
Advanced tournament players	Wednesday	5:00 PM – 6:30 PM	\$175 for MVP Members, \$225 for non-members

Private and semi-private lessons available upon request.



Email borotennis@aol.com or 925-376-7865 for questions.

*Please circle class selections above. Full Payment is required in advance for each series of 8 classes.

Parent Name: _____ Student Name: _____ Age: _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

Please make checks payable to MVP (Cash not accepted). **Parent required to fill out attached waiver for each child by first session.**

Parent Signature _____

Bring sign-up forms to the club tennis office or mail to Scott Borowiak, 219 Paseo Bernal, Moraga, CA 94556



Moraga Valley Pool Tennis Program Medical Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the MVP Tennis Program to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge MVP and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in MVP activities, whether or not dam- and capable of participation in all Tennis activities.

[] I have read the above statement and indicate my agreement by checking the box.

Liability Waiver

By registering my child(ren) with the Moraga Valley Pool Tennis Program, I agree to participate (or allow my child(ren) and family members to participate) in the Moraga Valley Tennis Program, and hereby release Moraga Valley Pool Tennis and Swim Team, occur to myself (or to my child(ren) and family members) while participating in the Moraga Valley Tennis and Pool Tennis program, including travel to and from training sessions, tennis matches or other scheduled activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the Moraga Valley Pool Tennis program.

[] I have read the above statement and indicate my agreement by checking the box.

Parent or Legal Guardian Signature _____

Date _____