

# West Austin Athletic Club Tennis 2010 Fall Semester

This fall Coach Sarah Pernel will have weekday classes which meet Mondays & Wednesdays and two Saturday Clinics!! Classes are designed to teach tennis skills in a fun environment where kids and teens learn about the sport of tennis!



## Saturday Clinics: Sept 18 and Oct. 9 8-11 am

Price per clinic: \$25 WAAC member, \$35 non-member  
or sign-up for both together: \$40 WAAC member, \$60 non-member

## Monday, Wednesday Classes (no class Sept. 6 or Nov. 24)

(1) Aug. 30 - Oct. 27 (16 + 1 classes) cost: \$95 WAAC member/\$125 non-member

(2) Nov. 1 - Dec. 22 (14 + 1 classes) cost: \$85 WAAC member/\$110 non-member

Sign up for both together! Cost \$150 WAAC member/\$195 non-member

3:45-4:15 4-8 years old 4:30-5:15 7-10 years old 5:30-6:30 11 & older

All classes and clinics must have a minimum of 5 players or they may be combined with another class



Call Coach Sarah 466-6545 for more information!

Player's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_ Email \_\_\_\_\_

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

Phone numbers \_\_\_\_\_

Circle desired session and/or clinic dates and attach payment

Payment: Member charge Check/Cash Credit Card (use Google checkout at [www.wfly.com](http://www.wfly.com))

*My Family would like a WAAC family membership for \$425/quarter or \$960/year. I have submitted the WAAC membership application.*

### Medical Information & Parental Consent:

I, the minor's parent and/or legal guardian, understand the nature of fitness activities at West Austin Athletic Club, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim. I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included below or on an attached sheet is information about my child's medical history and emergency contacts.

Parent's Signature & Date: \_\_\_\_\_

Doctor to call in emergency: \_\_\_\_\_

Please list on another sheet any medical information that the staff should know including allergies, medications, disorders, seizures, asthma, **anything** you think is important to help your child be successful at WAAC activities.