The Local's Resort | Tennis, Fitness, Friends, Fun

Junior Tennis Registration (Oct. 14 - Nov. 14, 2025)

Please email form to Jon@CVAClife.com or submit form to the front desk. Make checks payable to Carmel Valley Athletic Club.

Parent/Guardian Full Name:_____ Phone (Cell):_____

Phone (Work):_____ Email:_____

Address:_____ City:_____ Zip:_____

Child's Full Name:_____ Age:_____ Gender: ☐M ☐F

Date of Birth (xx/xx/xx):_____ Grade:_____

Member Status (choose one)

☐ CVAC Member

☐ Non-Member

Program Selection (choose one)

☐ Junior Smash Stars (ages 9–10) | Tues & Thurs, 4:00-5:00 pm

☐ Grand Slam Seekers (ages 11+) | Tues & Thurs, 5:00-6:00 pm

☐ Tiny Tennis Titans (ages 5–6) | Weds & Fri, 4:00-5:00 pm

☐ Mini Racquet Rookies (ages 7–8) | Weds & Fri, 5:00-6:00 pm

How Many Classes Per Week

☐ Two classes per week (both days listed above)

☐ One class per week (select one day below)

If One Class Per Week, Select Your Day

For Tue/Thu programs: ☐ Tuesday ☐ Thursday

For Wed/Fri programs: ☐ Wednesday ☐ Friday

Pricing (per 5-week session)

Two classes per week:

☐ $250 Members

☐ $300 Non-Members

One class per week:

☐ $150 Members

☐ $200 Non-Members

Cancellation Policy: Deadline to receive a refund for your registration is 7 days before the program start date. Missed days will not be credited.

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CVAC Junior Tennis Program Waiver and Release of Liability & Assumption of Risk

I, the Guest, on my own behalf, and behalf of all others who are listed as Guests under this Agreement (including my unborn and / or minor children, and my and their personal representatives, assigns, successors, heirs, and next of kin) (collectively the "Guests"), acknowledge, recognize, and agree that the use of the equipment and the facilities of CVAC, Inc. ("CVAC") involves a risk of physical injury, including that caused by the negligence of myself or CVAC, its agents and employees. The Guests hereby agree to assume the risk of injury in its entirety regardless of the cause. The Guests understand and agree that if they engage in any physical exercise or activity or use any CVAC facility or any of its affiliates or related entities, they do so at their own risk and assume the risk of any and all injury and / or damage while engaging in any physical exercise or activity or use any club facility on the premises. The Guests' assumption of risk includes, without limitation, their use of any exercise equipment (mechanical or otherwise), the locker rooms, sidewalks, parking lots, stairs, pool areas, whirlpools, saunas, steam rooms, lobby areas, or any equipment at the CVAC facility. The Guests agree to assume the risk in their participation in any activity, class, program, instruction, or CVAC sponsored event. The Guests agree that they are voluntarily participating in the aforementioned activities and using the CVAC facilities and premises and assume all risk of injury, illness, damage, or loss to the Guests or their property that might result, including, without limitation, any loss or theft of any personal property, including injuries or damage that might result from the negligence of CVAC or any of its affiliates, employees, agents, representatives, successors, and assigns.

Guest listed agrees on their own behalf (including their unborn and / or minor children, and their personal representatives, assigns, successors, heirs, and next of kin) to release and discharge CVAC (and our affiliates, employees, agents, representatives, contractors, successors, and assigns) from any and all claims or causes of action (known and unknown) arising out of the negligence of CVAC or any of its affiliates, employees, agents, representatives, contractors, successors and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) the Guests' use of any exercise equipment or facilities which may malfunction or break; (b) CVAC's improper maintenance of any exercise, facilities, or premises; (c) CVAC's negligent instruction or supervision, including personal training; (d) Guests' use of child care services; and (e) Guests slipping and falling while on or in the facility or any portion of the premises for any reason, including CVAC negligent inspection or maintenance of its facility. By the execution of this agreement, the Guests hereby agree to indemnify and hold harmless CVAC and its employees and independent contractors from any loss, liability, damage, or cost CVAC may incur due to their presence at the CVAC facility. The Guests further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The Guests authorize CVAC or its authorized agent to consent to any medical treatment and / or hospital care (which is given to any persons listed below) under the supervision of a duly licensed physician or trained medical personnel. By signing this consent form, the Guests agree to allow those listed to participate in all CVAC activities. The Guests allow for photographs and videos to be taken, while at the club, to be used for marketing purposes. The Guests agree and understand that CVAC reserves the right to disallow guest access to CVAC's facilities at its sole discretion for any reason whatsoever.

The Guests represent and warrant that they are in good physical condition, and have nothing preventing them from engaging in active or passive exercise or from any activity or service offered by CVAC.

If a provision of this agreement is held to be unenforceable, the other provisions shall remain in full force and effect.

GUEST: YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELASE OF LIABILITY, AND AGREE THAT BY EXECUTING THIS WAIVER AND RELEASE YOU ARE GIVING UP YOUR RIGHT TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST CVAC FOR ITS NEGLIGENCE, OR FOR ANY DEFECTIVE PRODUCT ON ITS PERMISES. YOU HAVE READ AND VOLUNTARILY SIGNED THIS WAIVER AND RELEASE & ASSUMPTION OF RISK ON YOUR OWN BEHALF AND ON BEHALF OF ANY MINORS.

Child's Name_____ Parent/Guardian Name_____

Signature of Parent or Legal Guardian_____

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Emergency Medical Information

Please Print Clearly

Child's Full Name: _____ Date of Birth (xx/xx/xx)_____

Parent/Guardians Full Name: _____ Relation:_____

Phone (Cell):_____ Phone (Work):_____

Parent/Guardians Full Name: _____ Relation:_____

Phone (Cell):_____ Phone (Work):_____

Emergency Contact (must have consent to pick up your child if necessary):

Name:_____ Phone:_____ Relation:_____

Name:_____ Phone:_____ Relation:_____

Child's Physician:_____ Phone:_____

Insurance Carrier:_____ Policy:_____

Allergies:_____

_____

Special Needs:_____

_____

Medications:_____

_____

Important Medical History:_____

_____

I, _____, parent or legal guardian of _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of CVAC, Inc. and I am not reasonably available by telephone to give consent. This authorization is effective during the length of the contract.

_____ _____

Date Parent/Agency Representative/Guardian Signature

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Credit Card Authorization Form

Child's Last Name: _____ First Name:_____

Parent's Last Name: _____ First Name:_____

Address: _____

City: _____State: _____ Zip: _____

Home Phone: (____)_____ Cell: (_____)_____

Email Address:_____

☐ I am a CVAC Member, please charge my account.

If you checked the above box, skip the Card Information section.

Card Information

☐ Visa ☐ Mastercard ☐ Discover Card ☐ American Express

Card Number: _____

Expiration Date _____ CID # (Back of the card)_____

CVAC and its junior tennis program reserve the right to charge any late payments to the card listed above. All statements and receipts will be emailed to the address above.

I,_____, hereby authorize the CVAC, Inc. to charge my Credit Card Account for the CVAC Junior Tennis Program.

_____

_____ _____

Date Signature