

Tennis Anyone? Tennis Everyone!

Montgomery TennisPlex Tennis Clubs

They're back!!!

The super popular on-site Tennis Club held by the **Montgomery TennisPlex** is returning to Matsunaga and is brought to you by the **MES/LV PTA**.

Winter Tennis Club will be held before school in the Matsunaga gym from 8:15AM to 9:15AM

***** All grade levels welcome *****



Growing Champions since May 2012!

Choose From:

ONE day a week: Tuesdays (9 classes), 3/17-5/19 (5/26 make up) -- \$160 (**\$150 by Mon.3/9**) **OR**

ONE day a week: Thursdays (9 classes), 3/19-5/21 (5/28 make up) -- \$160 (**\$150 by Mon. 3/9**) **OR**

TWO days a week: Tues.& Thurs. (18 classes),3/17 to 5/21 (5/26 or 5/28 make up) - \$285 (**\$275 by 3/9**)

Registration now open, first come, first served!!!

Registration is by credit card or check only.

Please call to register with credit card or from our website: www.montgomerytennisplex.com

Discount NOT AVAILABLE with on line registrations

Or make checks payable to "Montgomery TennisPlex."

Registration is **limited** to the first 18 students per session. Register each child separately.

**Watch "Tennis Makes Me Smart"
Video at
[MontgomeryTennisPlex.com!](http://MontgomeryTennisPlex.com)**

- All equipment is provided
- Wear sneakers!!!! Please dress in loose, comfortable clothing
- No water bottles please

Disclaimer "These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school."

Questions? Contact us for additional information at Vicki@MontgomeryTennisPlex.com.

- Adult Tennis Lessons and Programs
- Adult Play Programs- Season Court Time
- Air-conditioned & Heated Courts in State of the Art Bubble
- Tournament Play at All Levels
- Advanced Junior Programs



Spark Matsunaga Tennis Club Registration and Waiver –Spring 2020 Session

Player's Name* _____ Age* _____
Address* _____
City* _____ State* _____ Zip* _____
Phone #* (h) _____ (c) _____
E-mail address* _____
Parent's Name* _____
Player's Birth Date* _____ Grade* _____

For Office Use Only

SCANNED on ____/____/____

Please circle day(s) Tuesday Thursday

Time _____ Level _____

Have you been in our Tennis Club before? _____

Have you taken lessons at the TennisPlex? _____

Today's Date _____

Allergies: _____
Player's Physician: _____
Physician's Phone: _____
Insurance Company: _____
Emergency Contact*: _____
Emerg. Contact Relationship*: _____
Emerg. Contact Phone*: _____

MEDICAL AUTHORIZATION

When the emergency contact or I cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the wellbeing of my child. This may include transportation to the nearest emergency room.

* Required.

Medical Information Montgomery TennisPlex Release and Indemnity

As a player, user or guest at Montgomery TennisPlex (MTP) or Spark Matsunaga Elementary School (SMES) facilities, I assume the risk of injury or death to myself and my invitees including any minor children for whom I am parent, legal guardian, custodian or otherwise responsible due to negligence by MTP, its manager JST Management LLC, Maryland-National Capital Park and Planning Commission (M-NCPPC), SMES or any of their employees, managers, contractors, consultants or instructors. (Each such named party and each of their invitees are referred to as an "MTP Party.")

I agree to waive and release (i.e., give up) all rights that I, my heirs, representative(s) and/or assigns, and any minor children of mine, may make against any MTP Parties arising from any damages, injury, or death which I or any of my invitees might sustain as a result of any activity related in any way to MTP parties.

I further agree to indemnify and hold harmless MTP, its manager and other MTP parties from any claims which may be made by me and/or any of my invitees or which might be made against me and/or any of my invitees by others, arising from any activity related in any way to MTP parties; and from any claims relating to any injury, death, loss of or damage to any personal property which might occur from any activity by me and/or my invitees related in any way to MTP parties.

I (on behalf of myself and any minor children invitees for whom I am parent, legal guardian, custodian or otherwise responsible) consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable.

WITHOUT LIMITATION OF THE FOREGOING, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I AND MY MINOR CHILDREN HAVE TO SUE OR MAKE A CLAIM AGAINST M-NCPPC, MTP, SMES OR ANY OTHER MTP PARTY FOR ANY INJURIES ANY ONE OF US MIGHT SUSTAIN WHILE USING FACILITIES, EQUIPMENT AND/OR SERVICES PROVIDED BY MTP or SMES, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MTP, ITS MANAGEMENT, AND MTP PARTIES AGAINST CLAIMS BY ME AND/OR ANY OF MY INVITEES INCLUDING ALL MINOR CHILDREN I INVITE OR WHO ARE UNDER MY CARE.

I attest that I am eighteen (18) years or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of camp, clinic or league. I also agree that MTP, SMES and its agents, sponsors, and employees may use my child's image and likeness in future promotions.

Notwithstanding any other provision hereof, I do not give up any claim against a specific MTP Party for reckless and wanton conduct by that specific party.

Signed: _____ Date: _____, 20____ Please print your name: _____
(You must be 18 years of age or older to sign this form)

CHECK IF APPLICABLE I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting MTP's facility: