

CHARBONNEAU *country club*

32000 SW Charbonneau Drive, Wilsonville, OR 97070

Phone: 503-694-2300 Fax: 503-694-5783

www.charbonneaucountryclub.com

Charbonneau Tennis Club Junior Clinic Registration

Name of Participant:

Age:

Name of Parent/ Guardian:

Home Address:

Cell Phone:

Email Address:

Are you a Charbonneau Tennis Club member?

☐ Yes

☐ No

Which clinic will this participant attend?

☐ Age 8-11 Oct. 12-Nov. 16

☐ Age 12-14 Oct. 12-Nov. 16

Payment:

Date Paid:

Member: \$60.00

Non-member: \$100.00

By signing below, I agree:

- As a parent or guardian of the named minor(s) below, I verify that I am responsible for said minor(s) and agree that said minor(s) shall abide by all Charbonneau Tennis Club Rules and Regulations and the Charbonneau Tennis Club by-laws
- That I shall indemnify, defend, and hold harmless the Charbonneau Country Club, its Officers, Directors, employees, and agents, against any suits, costs, loss, damage, or liability arising out of or in connection with our use of the Charbonneau Tennis Club. I further agree to assume all risk of personal injury or loss, including death, arising out of or in connection with my use of the facilities at the Charbonneau Tennis Club for both myself and the minor named above.

Signature of Parent/ Guardian:

Date:
