

TOURNAMENT PLAYER INFORMATION

Name: _____

Address: _____

Phone: _____

Date of birth: _____

I wish to play in: *(circle one)*

Boys: 10 12 14 16 18

Girls: 10 12 14 16 18

Tennis Club Affiliation: _____

PLAYING TIME:

You will be called or you may call
(916) 484-8177

YOU ARE RESPONSIBLE FOR
YOUR TIME!

AMERICAN RIVER COLLEGE

Mail to:

Bo Jabery-Madison
American River College
4700 College Oak Drive
Sacramento, CA 95841

Director: Bo Jabery-Madison
Deadline: July 17th @ 5:00 pm
Entry Fee: Singles \$25

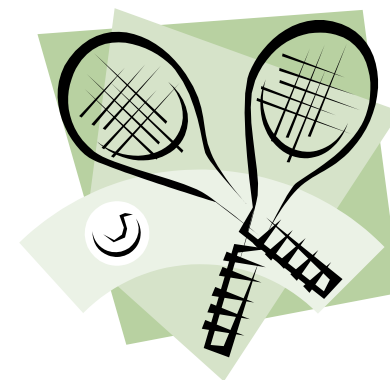
Make Check Payable to:

ARC Athletics

GUARANTEED 2 MATCHES
Consolation Rounds

Matches are 2 out of 3 sets no-ad
scoring. Except for the 10 and
unders which will be an 8 game
Pro-set round-robin.

AMERICAN RIVER JUNIOR OPEN 2009



American River College

July 25-26

**Parent Consent
Release and Waiver of Liability
and Assumption of Risk Agreement**

For Good and Valuable Consideration, including permission for _____ (the "minor") to participate in the LOS RIOS SPORTS CAMP and related activities, I, the parent/guardian of the minor, for myself and on behalf of the minor agree to the following:

1. I consent to the minor's participation in the event or activity;
2. Prior to the minor's participation in the event or activity, the minor and I will inspect the facilities, equipment, and area where the event or activity is being conducted and, if either of us believes any of them are unsafe; I will immediately advise the person supervising the event, activity, facility or area;
3. I am aware that participating in the LOS RIOS SPORTS CAMP or activity can involve MANY RISKS OR INJURY to the minor. I understand that the dangers and risks of participating in this camp or activity include serious injury or impairment to the minor's body, general health and well-being. Because of the dangers of participating in the LOS RIOS SPORTS CAMP, I recognize the importance of following the staff's instructions regarding techniques, training, rules, and to obey such instructions.
4. I hereby voluntarily assume all risks associated with participation by the minor and agree to indemnify, defend and save harmless the DISTRICT, their officers, agents, servants and employees, from any and all liability, claims, causes or action **or** demands of any kind and nature whatsoever which may arise by or in connection with the minor's participation in any activities related to the activity except injury arising from the sole negligence of the DISTRICT.
5. The terms hereof shall serve as a release and assumption of risk for the minor's heirs, estate, executor, administrator and assignees.
6. I hereby agree to submit any disputes that may rise relating to this activity to binding arbitration before three (3) arbitrators, in accordance with the Rules of the American Arbitration Association.
7. I assume any and all risks of personal injuries to the minor and authorize the LOS RIOS SPORTS CAMP to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damage to the minor's or my property, caused by or arising from the minors participation in the event or activity;
8. Photographs, pictures, slides, movies or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the DISTRICT or LOS RIOS SPORTS CAMP and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
9. The minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity.

Both parents must sign unless only one (1) parent is living or unless only one (1) has legal custody. Legally appointed guardians must also sign.

PRINTED NAMES	SIGNATURE	DATE
[Parent(s)/Guardian(s)]		
_____	_____	_____
_____	_____	_____