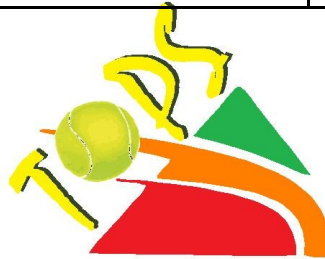




T.O.P.S Registration Form

Child's Name:	
Address:	
City:	
State/Zip:	
Date of Birth:	
Home Phone	
Mother's Name:	
Cell:	Work:
Email	
Father's Name:	
Cell:	Work:
Email:	
Emergency Contact/Number:	



Enroll my child in Midcourt T.O.P.S:

(circle the appropriate selections)

TOPS AP / TOPS Academy
\$199 monthly

Tops 3 days per week option
\$520 monthly

TOPS every day option
\$700 monthly

*There is a one-time \$25 registration fee

Choose which days your child will attend each week:

Monday Tuesday Wednesday Thursday Friday

Waivers Form

Medical Release

I give my permission to Midcourt/Samuell Grand Tennis Center to obtain emergency medical treatment for my child in the event I cannot be reached. It is understood and agreed that any accident or sickness claim will be covered by the parent's or guardian's insurance.

Company: _____

Policy #: _____

Signature: _____

WAIVER: In consideration of Participant's enrollment in tennis/training program and or Participant's use, today and on all future dates, of the property, facilities and services of Midcourt Tennis Academy/Samuell Grand Tennis Center and its partners, Participant and Parent/Guardian, on behalf of Participant, Participant's heirs, personal representatives, or assigns, hereby release, waive, discharge and covenant not to sue Midcourt Tennis Academy/Samuell Grand Tennis Center, its affiliated companies/partners, and each of their directors, officers, employees, volunteers, sponsors, independent contractors, and agents from liability from any and all claims arising from the negligence of Midcourt Tennis Academy or any of the aforementioned parties. This agreement applies to 1) personal injury (including death), from accidents, injuries or illnesses arising from participation in various activities including, but not limited to, participation in sport programs, travel, competition, educational classes, lessons, social activity, and individual use of facilities, premises, or equipment; and 2) any and all claims resulting from the damage to, loss of, or theft of property. Participant and Parent/Guardian consent to all videotaping and photography of Participant and agree that Midcourt Tennis Academy/Samuell Grand Tennis Center can use these images for promotional/educational material at any time without payment to Participant and without Participant's or Parent's/Guardian's approval.

IDEMNIFICATION AND HOLD HARMLESS: Participant and Parent/Guardian also agree to HOLD HARMLESS AND INDEMNIFY TOPS from all claims resulting from all negligence of Midcourt Tennis Academy/Samuell Grand Tennis Center and to reimburse MCTA/Samuell Grand Tennis Center for any expenses incurred as a result of Participant's participation in a tennis/educational/training program and presence at all TOPS-related facilities. Participant and Parent/Guardian further agree to pay all costs and attorney's fees incurred by MCTA/SGTC in investigating and defending a claim or suit but only if Participant's claim is withdrawn or to the extent an arbitrator determines that MCTA/SGTC is not responsible for the injury or loss. Participant and Parent/Guardian agree too hold harmless and indemnify MCTA/SGTC from all claims and amounts related to legal and other action brought against MCTA/SGTC for damages caused by Participant (for example, for damages caused by Participant while fighting with another participant).

SEVERABILITY AND VENUE: Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the lat of the State of Texas and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in legal force and effect. Also, Participant and Parent/Guardian agree that all disputes must be resolved using binding arbitration and take place at the office of the American Arbitration Association located nearest to Frisco, Texas.

ACKNOWLEDGMENT OF UNDERSTANDING: Participant and Parent/Guardian have read this waiver and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from negligence of MCTA/Samuell Grand Tennis Center. Participant and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law.

In signing this waiver as parent or guardian, I acknowledge that I am consenting to Participant's participation in a tennis/training program at Midcourt Tennis Academy/Samuell Grand Tennis Center and its partners and acknowledge that I understand than any and all risks, including that of negligence, whether known or unknown, are expressly assumed by Participant and Parent/Guardian and all claims, whether known or unknown, are expressly waived in advance.

Parent/Guardian Signature: _____ Date: _____