



Colossal Tennis Recreational Pathway Registration (Spring 2026)

Name _____ DOB _____ Male Female
Address _____
Parent/Guardian Name _____
Phone _____ Email _____

Program: Gopher Maroon Gold

Program	Day/Times	Requirements
Gopher	Sunday: 11:30 am-1 pm	<u>Beginner Recreation</u> *New Players Ages 10-14
Maroon	Sunday: 1-3 pm	<u>Intermediate Recreation</u> *Junior Varsity Player, Gopher Program Graduate, or New Players Ages 14-18
Gold	Sunday: 1-3 pm	<u>Advanced Recreation</u> *High JV to Entry Varsity or Maroon Graduate

Session Price Chart	Gopher	Maroon	Gold
Spring (3/15-5/28)	\$490	\$650	\$650

No class on 4/5 (Easter) or 5/24 (Memorial Day Weekend)

SESSION(S) ATTENDING

- Fall 2025
- Winter 2026
- Spring 2026 (3/22-5/28)

Session Price

GRAND TOTAL: \$ _____

Payment Method

Register & pay online at www.colossaltennis.com/recreational-player-pathway

Please Email Completed Forms To:

Danny Kantar (danny@colossaltennis.com)

TERMS AND CONDITIONS

Registration Policy

- ï Registration will only be confirmed after this form is returned and payment is received in full.
- ï Registration will be limited by class size, the pre-requisite class requirements, and for certain classes approval by the Colossal Tennis directors.

Payment Policy

- ï Payment must be received in full prior to the start of the current session.

Cancellation Policy

- ï A full refund will be provided only if the request for cancellation to a Colossal Tennis session program is provided in writing at least 14 days prior to the beginning of the first class of the session.
- ï Colossal Tennis reserves the right to cancel classes due to insufficient registration. If a class is cancelled, Colossal Tennis will find another class time for your child. If a suitable alternative class can not be found, payment received prior to the start date will be refunded in full.

Make-up Policy

- ï There are no refunds, prorating, or credits provided for missed classes.
- ï No make-ups will be provided for classes missed by participants.

Inclement Weather Policy

- ï If inclement weather leads to the cancellation of outdoor class, every attempt will be made to secure an indoor tennis court replacement. If no indoor tennis court space can be arranged Colossal Tennis will attempt to secure space to conduct fitness training, mental training, and video analysis instruction indoors.
- ï If no indoor space can be secured, a credit will be provided for an alternate class for use in the current session only.

Release of Liability

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised against participating by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity or event. Additionally, I agree to follow all of the Covid-19 safety precautions outlined by Colossal Tennis. I certify that I'm uninfected by the Covid-19 virus and I participate in this activity at my own risk, and that Colossal Tennis will not be held responsible for any future contraction of this or any other virus.

I acknowledge that this Waiver and Release of Liability Form will be used by Colossal Tennis, and that it will govern my actions and responsibilities at any event, practice, or related activity. I waive, release, and discharge Colossal Tennis, its employees, and independent contractors from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from any event. I acknowledge that Colossal Tennis and their staff are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Colossal Tennis. The waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable Minnesota law. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during any activity or event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A CONTRACT, AND IS A LEGALLY BINDING DOCUMENT, AND I SIGN IT OF MY OWN FREE WILL.

Participant Name _____
 Parent/Guardian Signature _____
 (For students 18 & Under) _____ Date _____

Media Consent Release

I authorize and permit the child named below to be included in photographs and videos that may be used for display by Colossal Tennis in informational and promotional publications, including but not limited, to the Colossal Tennis website. I understand that Colossal Tennis retains the rights to edit and reproduce these images without prior approval and that I will not receive compensation for the use of these images.

Participant Name _____
 Parent/Guardian Signature _____
 (For students 18 & Under) _____ Date _____