

Coach Pete's Tennis Camp - 2010 Registration Form

Player's Name: _____

M F Age: _____ Playing Level (i.e. Beg, Adv. Beg, Int.): _____ T-shirt size: _____

Phone: _____ Address: _____

City/Town: _____ State: _____ Zip: _____

How did you hear about Coach Pete's Tennis Camp? _____

Mother/Guardian: _____

Address: (if different from player) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Father/Guardian: _____

Address: (if different from player) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Select Weeks:

7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIPT OF FULL PAYMENT AND PROPER MEDICAL FORMS ARE REQUIRED FOR REGISTRATION

Make checks payable to **Community Tennis L.L.C.** and mail to:
Community Tennis L.L.C.
 P.O. Box 66
 Merrimac, MA 01860
 (978) 337-0300

Cost:

\$225.00 p/wk or \$800.00 for all 4 weeks

Number Of weeks _____ x 225.00 p/wk = _____

Less \$100.00 discount if attending all 4 weeks: _____

Total Payment Amount: _____

Agreement and Waiver below must be signed and returned with registration form.

Registration Agreement

Coach Pete's Tennis Camp 2010

Camper's Name: _____

Withdrawal/Refund Policy

- All deposits are non-refundable.
- I/we understand that once Coach Pete's Tennis Camp accepts our application, **No refunds** will be given for withdrawals that occur within 30 days of the week that a camper has registered.
- **No refunds** for absences or early release/dismissal.
- An administration fee of \$50.00 will be charged for ANY decrease in the number of weeks that a player will be attending camp.
- Returned checks are subject to a \$50.00 fee.

Releases

- I/we authorize Coach Pete's Tennis Camp permission for our child's photo to appear in promotional materials. Player's names are never published or released.
- Permission is granted for my child to participate in all planned activities and programs.
- I have read the Guidelines for Registration and accept Coach Pete's Tennis Camp policies concerning registration, pricing, enrollment, change and cancellation.

Health History & Medical Exam:

- I/we understand that Coach Pete's Tennis Camp requires each player to have a physical examination and immunization history provided by a physician within 12 months of attending camp and that this must be on file in the camp office before any player will be allowed to attend camp.
- I/we agree to have the health history/emergency contact and authorized pick-up form completed by the parents/guardians and returned to Coach Pete's Tennis Camp at least 30 days prior to my child attending camp.

Dismissals

- I/we understand the directors reserve the right to withdraw any player when in his/her judgment the player's behavior interferes with the rights and safety of others or violates the camp's principles of conduct. In such cases, no refunds will be given.

Early Dismissals/ Camp Closed Date

- I/we understand that camp is closed on major holidays. In such situations the cost of the week will be pro-rated.
- Permission in writing is required for a player to be dismissed prior to the end of the day or for a player to be picked-up by someone other than their parent or legal guardian.

My signature indicates that I have read and understand the above agreement.

Parent/Guardian Signature

Date

Community Tennis L.L.C.
Code of Conduct / Liability Waiver

I, _____ parent/guardian of
(Print parent/guardian name)

_____ A minor:
(Print player's name)

1. Agree that the registrant will abide by the rules of Community Tennis L.L.C., and its programs, and by the USTA code of conduct.

2. Recognize that there is a possibility of physical injury associated with tennis and in consideration for accepting the registrant in its tennis programs and activities, hereby release, discharge and/or otherwise indemnify Community Tennis L.L.C., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the courts, fields and facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

3. As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

My signature indicates that I have read and understand the above Code of Conduct and Liability Waiver.

Parent/Guardian Signature

Date