

Jr. Tennis Registration – Fall 2011

Payment Information:
LRRC #: _____
LRAC #: _____
Check #: _____

Please fill out one form for each child and write legible

Date: _____

Parent's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Home Number: _____ Work Number: _____

Cell Number: _____ E-Mail Address: _____

Child's Name: _____ Age _____ DOB _____ Gender: **M / F**

Please enroll me in: (please check box)

August 22 – September 15

September 19 – October 13

October 17 – November 10

November 14 – December 15
*Off Thanksgiving Week

Break for Christmas – Return January 2

<i>(circle one)</i>			
PeeWee (4-7yrs)	MTW	3:30-4 pm	\$30, \$45 or \$60
Novice (8-11yrs)	M&W	4:15-5:15 pm	\$100
Pre-Elite (10-14yrs)	T&Th	4:15-5:45 pm	\$140
Elite (12 & up)	T&Th	4:00-6:00 pm	\$180
A.C.E. Elite (10-18yrs)	MTWTh	4:00-6:00 pm	\$240
• Age is a general guideline; skill is the determining factor in placement.			

Medical Information:

In case of an Emergency, please notify _____ Relationship: _____

Physician's Name _____ Phone: _____

Any allergies, medications, or special conditions? (Please Specify)

WAIVER RELEASE STATEMENT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. **No child will be admitted into this LRRC camp/program if this form is not signed by a parent or legal guardian.** By signing this form, you are releasing all claims for injury you or the participant might sustain through this program.

I agree to assume full risk and to waive, relinquish, and release all claims I or the participant may have against, indemnify, hold harmless, and defend the Little Rock Racquet Club. This release includes as well LRRC officers, agents, servants, and employees from any such claims resulting from, injury, damages, or loss sustained on account of participation of this camp program. I understand that I am responsible for all personal medical insurance and the participants in this camp program. I understand that I am responsible for all personal insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

Signature _____

Date _____

Billing Information: Please bill my LRRC account _____ Please bill my LRAC account _____

Authorization: I hereby authorize the Little Rock Racquet Club to draft my checking account or charge my VISA/Mastercard/American Express/Discover account for payment of my Jr. Tennis dues & any other charges we may incur.

Signature _____

Date _____

Visa/ MC/ AMEX/ Disc _____

Exp. Date _____

Bank Draft: Routing # _____

Acct. # _____