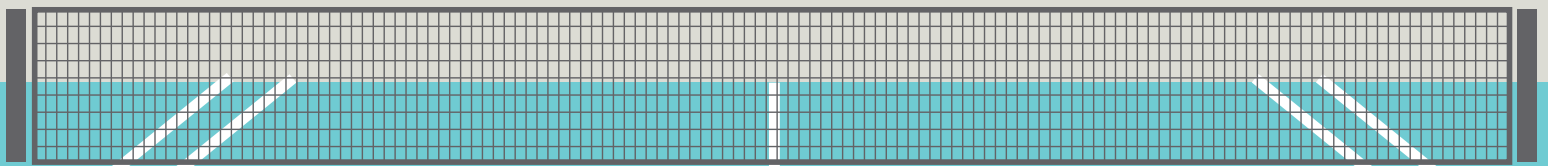


Love

THY NEIGHBOR. CRUSH THY OPPONENT.



2018-19 School Year

play on



The Athletic Clubs'

Performance Academy

Little Rock Athletic Club Little Rock Racquet Club

CONTACT INFORMATION

Player's Name: _____ Date of Birth: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

School: _____

Child is an: LRAC Member LRRC Member NLRAC Member Non-member

Email Address for All Communication: _____

Mother's Name: _____ Father's Name: _____

Mother's Phones (day/cell): _____ Father's Phones (day/cell): _____

Mother's Email (if different from above): _____

Father's Email (if different from above): _____

Person Responsible for Payment: Mother Father Other

If other, please explain and provide contact information here: _____

Person to contact in case of emergency if parents cannot be reached: _____

Phone(s): _____ Relationship to Child: _____

Doctor's Name: _____ Phone Number: _____

Emergency Room of Choice: _____

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics):

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

LRAC/LRRC/NLRAC/DAC Club Account Option (for members only/account must be current)

Name of Member to be Charged: _____

Bank Draft Option (attach a voided check or complete the following)

Name as Listed on Account: _____

Routing Number: _____ Account Number: _____

Credit/Debit Card Option (Visa, MasterCard, Discover, American Express)

Name as Shown on Card: _____

Credit Card Number: _____ - _____ Expiration Date: _____ CCV Number: _____

NOW PICK YOUR CLINIC, GIVE YOUR AUTHORIZATION AND SIGN THE WAIVER ON THE BACK!

Group Attendance Selection

Please indicate which groups you will attend by checking the day and time below.

	Little Rock Racquet Club	Little Rock Athletic Club
Orange Ball Performance	<input type="checkbox"/> M, 4:30 - 6:00 pm	<input type="checkbox"/> Th, 4:30 - 6:00 pm
	<input type="checkbox"/> Tu, 4:30 - 6:00 pm	
	<input type="checkbox"/> W, 4:30 - 6:00 pm	
	<input type="checkbox"/> Su, 1:00 - 2:30 pm	
Green Ball Performance	<input type="checkbox"/> M, 4:00 - 6:00 pm	<input type="checkbox"/> Tu, 4:00 - 6:00 pm
	<input type="checkbox"/> W, 4:00 - 6:00 pm	<input type="checkbox"/> Th, 4:00 - 6:00 pm
	<input type="checkbox"/> Su, 1:00 - 3:00 pm	
Yellow Ball Performance	<input type="checkbox"/> M, 7:30 - 9:30 pm*	<input type="checkbox"/> M, 4:00 - 6:00 pm**
	<input type="checkbox"/> Tu, 4:00 - 6:00 pm**	<input type="checkbox"/> W, 4:00 - 6:00 pm**
	<input type="checkbox"/> Th, 4:00 - 6:00 pm**	<input type="checkbox"/> F, 4:00 - 6:00 pm**

*Participation in this group must be approved by Coach Martin.

**We understand that some students have difficulty making the 4:00 start time. If a student makes a commitment to attend a 4:00 start time day and can't arrive until 4:30 because of when school ends, we will prorate the monthly fee. So that we know, please change 4:00 to 4:30 in the selected time slot.

Performance Academy Fees*

Green Ball and Yellow Ball		Orange Ball	
Groups per Week	Total per Month	Groups per week	Total per Month
1	\$184	1	\$138
2	\$339	2	\$254
3	\$364	3	\$273
4	\$390	4	\$293
5	\$423		
6	\$453		

*Our monthly fees are based on four weeks in a month. There is no extra charge for extra days in any given month. The daily drop in rate is \$50 per day.

Parent/Guardian Authorization

By signing below, I:

- Authorize the LRAC to draft me monthly for the groups I indicated above;
- Agree to notify Academy representatives IN ADVANCE if my child will be changing the groups he/she attends per month; and
- Agree, if desiring to withdraw from the Academy, to notify Coach Martin, Coach Will or the Tennis Academy Business Manager by the 25th of the month prior in order to avoid being charged for the following month. Additionally, my account must be current.

Parent/Guardian Name: _____ Signature: _____ Date: _____

For More Information

Please contact Martin Kajeovski at 501-626-4799 or Will Campbell at 501-551-0997

PARTICIPANT RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

Release of Liability and Assumption of Risk Agreement - The facilities and activity programs offered by the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the members or guests who utilize the facilities or participate in its activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

- The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation.
- I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Permission to Use Photography and/or Video - I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

MY SIGNATURE CONVEYS

- I authorize the LRAC to draft my Performance Academy fees as indicated on my payment information page which will be shredded;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I understand and agree with the cancellation policy;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement;
- I give my permission for the club to contact me via email and text with club news, offers and programming information;
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed; and
- This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent's/Guardian's Signature: _____ Date: _____