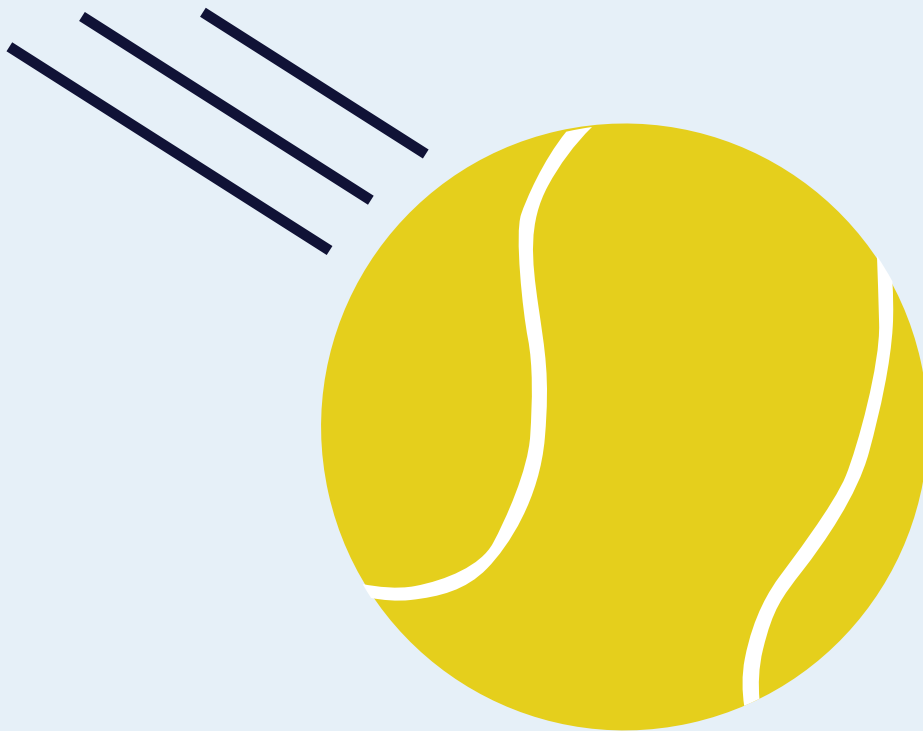


# '23 - '24 School Year Performance Academy

(begins Monday, August 14)



*play on*



The  
**Athletic Clubs**

Little Rock Athletic Club Little Rock Racquet Club

## ORANGE BALL PERFORMANCE

### Racquet

Tuesday 4:30 - 6:00 pm  
Wednesday 4:30 - 6:00 pm  
Sunday 1:00 - 2:30 pm

### Monthly Fees

1 group per week - \$144  
2 groups per week - \$264  
3 groups per week - \$285  
4 groups per week \$304

## GREEN BALL PERFORMANCE

### Racquet

Monday 4:00 - 6:00 pm  
Wednesday 4:00 - 6:00 pm  
Sunday 1:00 - 3:00 pm

### Athletic

Thursday 4:00 - 6:00 pm

### Monthly Fees

1 group per week - \$192  
2 groups per week - \$352  
3 groups per week - \$379  
4 groups per week \$409

## YELLOW BALL PERFORMANCE

### Racquet

Monday 4:00 - 6:00 pm  
Tuesday 4:00 - 6:00 pm  
Thursday 4:00 - 6:00 pm

### Athletic

Wednesday 4:00 - 6:00 pm  
Friday 4:00 - 6:00 pm

### Monthly Fees

2 groups per week - \$352  
3 groups per week - \$379  
4 groups per week \$409

Our monthly fees are based on four weeks in a month. There is no extra charge for extra days in any given month. If a student is unable to attend one of their regular practices, he/she is welcome to make it up on one of his/her off days but must confirm with a coach that space is available. Refunds for missed practices will not be given. Please note, this fee schedule goes into effect for September's billing.

**Indicate which days your student will attend:**

**RACQUET**

**ATHLETIC**

**ORANGE BALL PERFORMANCE**

Tu W Su

**GREEN BALL PERFORMANCE**

M W Su

Th

**YELLOW BALL PERFORMANCE**

M Tu Th

W F

**Please contact  
Martin Kajeviski at 501-626-4799 or  
Will Campbell at 501-551-0997 with questions.**

# 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 SIGN THE WAIVER  
ON THE BACK** 

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include 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 and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

Photography and/or Video - I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or 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..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

## PARTICIPANT AGREEMENT

MY SIGNATURE CONVEYS:

- I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement or coercion.
- 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 authorize the LRAC to draft me monthly for groups;
- I agree to notify Academy representatives **IN ADVANCE** if my child will be changing the groups he/she attends per month; and
- I agree if desiring to withdraw from the Academy, to notify Coach Martin or Coach Will by the 25th of the month prior in order to avoid being charged for the following month. Additionally, my account must be current.

Print Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_