ETC 2019 Summer Camps Registration

Full payment is required. VISA, MC, AMEX and DISCOVER are accepted. Check or complete credit card information with cardholder's signature and expiration date must accompany application. Returned checks will incur a $30 service charge. **Make checks payable to: Eagle Tennis Club and mail to: 1650 E Riverside Dr. Eagle, ID 83616**

Participants Name / / Birthday ☐ Male ☐ Female

Cell Phone (Required) Address City State Zip

Parent/Guardian Name (if under 18) Email Address (Parent if under 18 or Participant)

Camp Name	Session	Dates	✓	Cost
	Week 1	June 3 - June 6		$
	Week 2	June 10 - June 13		$
	Week 3	June 17 - June 20		$
	Week 4	June 24 - June 27		$
	Week 5	July 8 - July 11		$
	Week 6	July 15 - July 18		$
	Week 7	July 22 - July 25		$
	Week 8	July 29 – Aug 1		$
	Week 9	Aug 5 – Aug 8		$
	Week 10	Aug 12 – Aug 15		$
	Week 11	Aug 19 – Aug 22		$
		Total Cost		$

Check Payment Enclosed in the Amount of $_____ Please charge the card below in the amount of $_____

Card Number **Expiration Date** **Security**

Name on Card _____ Signature_____

Cancellation Policy: Any program cancellations must be submitted in writing via email to etc@eagletennisclub.com at least 7 days prior to the start of the session first day for full refund. **Make-up Policy: ETC does not offer makeups, credits, refunds, or carryovers for missed classes, no shows and same day cancellations**. **Release of Liability:** By signing this Participant Permission Waiver, I expressly warrant that the participant named above is capable of withstanding both the physical and mental demands of the activities they are signing up for. I also expressly assume all risks of the participant participating in the activities, whether such risks are known or unknown to me at this time. I further release Eagle Tennis Club organization and it leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence of breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury of illness of my participant during such activities. Participant and or parent/guardian agrees that Eagle Tennis Club and its designees may use Participant's name, voice, photographs, biographies, testimonials and statements, for any purpose relating to Eagle Tennis Club activities and advertising and publicizing the Eagle Tennis Club and its products and services. **Medical Release:** I recognize that there may be occasions where the participant named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the participant named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from the action to obtain medical treatment.

Signature of Participant (or Legal Guardian if participant is under 18) _____Date: _____