

ETC 2022 Summer Tennis Camp Registration

Full payment is required to guarantee participants registration. VISA, MC, AMEX and DISCOVER are accepted and will be charged at time of registration. Check or credit card information with cardholder's signature and expiration date must accompany registration. Returned checks will incur a \$30 service charge. Checks payable to: Eagle Tennis Club and mail to: 1650 E Riverside Dr. Eagle, ID

Camps run Weekly Monday thru Thursday

Check Week(s) & Enter Camp Total on Total Under Selected Camp		Ages 4-5 Chargers	Ages 6-8 Crushers	Ages 9-12 Champs	Ages 9-12 Champs Tour*	Ages 13+ Challengers	Ages 13+ Challengers Tour*						
✓	Time	11-11:45am		11am-12pm		1-2pm		2-3pm		3-4:30pm		4:30-6pm	
Week	Dates	Member	Guest	Member	Guest	Member	Guest	Member	Guest	Member	Guest	Member	Guest
	June 6-9	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
2	June 13-16	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
3	June 20-23	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
4	June 27-30	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
5	July 11-14	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
6	July 18-21	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
7	July 25-28	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
8	Aug 1-4	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
9	Aug 8-10**	\$50	\$50	\$60	\$75	\$60	\$75	\$60	\$75	\$65	\$80	\$65	\$80
10	Aug 15-18	\$65	\$65	\$75	\$90	\$75	\$90	\$75	\$90	\$80	\$95	\$80	\$95
Total		\$		\$		\$		\$		\$		\$	

**Week 9 - 3 day camp Monday thru Wednesday

*Advanced camps require ETC Coach Approval

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

Card Type: Visa MC Discover AMExp

Card Number Expiration (MM/YYYY) Security

/ /

Participants Name _____ Birthdate _____ Male Female

Parent/Guardian Name _____ Email Address _____

Cell Phone (Required) _____ Address _____ City _____ ST _____ Zip _____

PAYMENT & CANCELLATION POLICY: Payment is required at time of registration. Cancellations made less than 14 days of session start date will not receive an account credit. Account credits must be used within the same calendar year of the issue date. ETC DOES NOT OFFER REFUNDS, MAKEUPS OR CARRYOVERS FOR MISSED CLASSES, NO SHOWS AND CANCELLATIONS. Cancellations must be submitted via email to etc@eagletennisclub.com. Phone messages left on ETC's voicemail are not a form of cancellation.

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 participating in at ETC. I also expressly assume all risks of the participant participating in the activities 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 its owners, 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 all of its activities and programs, or as a result of injury or illness of my participant during such activities. Participant and or parent/guardian agrees that Eagle Club and its designees 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 Parent or Legal Guardian Required Date

Please email completed form to etc@eagletennisclub.com-Thank you!