

# ETC 2022 Fall-Winter 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 83616

Check Session(s) & Enter Total Amount Under Class		Ages 4-5 Chargers		Ages 6-8 Crushers		Ages 9-12 Champs		Ages 9-12 Champs Tour*		Ages 13+ Challengers		Ages 13+ Challengers Tour*	
Days		Tues & Thurs		Tues & Thurs		Mon & Wed		Mon & Wed		Tues & Thurs		Mon & Wed	
Times		4-4:45pm		5-6pm		4:30-5:30pm		5:30-6:30pm		4:30-6pm		4:30-6pm	
✓	Number of Classes	12		12		11 *		11		12		11 *	
Session	Dates	Member	Guest	Member	Guest	Member	Guest	Member	Guest	Member	Guest	Member	Guest
1	Aug 29-Oct 6	\$190	\$190	\$225	\$265	\$205	\$245	\$205	\$245	\$250	\$285	\$230	\$260
✓	Number of Classes	12		12		12		12		12		12	
2	Oct 10-Nov 17	\$190	\$190	\$225	\$265	\$225	\$265	\$225	\$265	\$250	\$285	\$250	\$285
✓	Number of Classes	7		7		8		8		7		8	
3	Nov 28-Dec 21	\$110	\$110	\$130	\$150	\$150	\$170	\$150	\$170	\$145	\$165	\$165	\$185
Total		\$		\$		\$		\$		\$		\$	

\*Advanced classes require ETC Coach Approval

\*No Classes Labor Day - Monday Sept 5th

Please charge the card below:

Check # \_\_\_\_\_

Payment in the Amount of \$ \_\_\_\_\_

Card Type      Visa     

MC     

Discover     

AMExp     

Card Number

Expiration (MM/YYYY)

Security

Male     

Female     

Participants Name

Birthdate

Parent/Guardian Name

Email Address

Cell Phone

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](mailto: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