

ETC 2024 After School Junior Tennis Registration

Full payment is required to guarantee participants registration. VISA, MC, AMEX and DISCOVER are accepted and will be charged at time of registration. Credit card information with cardholder's signature, expiration date & code must accompany registration. Checks payable to: Eagle Tennis Club and mail to: 1650 E Riverside Dr. Eagle, ID 83616

Check Session(s) Below Check Price Under Class		Ages 4-5 Chargers		Ages 6-8 Crushers		Ages 6-8 Crushers		Ages 9-12 Champs		Ages 9-12 Champs Tour*		Ages 13+ Challengers		Ages 13+ Challengers Tour*			
																Days	
Check Session(s)	Session(s)	Time		Member	Guest	5-6pm		5:30-6:30pm		4:30-5:30pm		5:30-6:30pm		4:30-6pm		4:30-6pm	
		Dates				Member	Guest	Member	Guest	Member	Guest	Member	Guest	Member	Guest	Member	Guest
	1	Aug 19 - Oct 3		\$250	\$270	\$270	\$330	\$250	\$305	\$250	\$305	\$250	\$305	\$330	\$390	\$305	\$360
		(14 classes*)															
	2	Oct 7 - Nov 21		\$250	\$270	\$270	\$330	\$270	\$330	\$270	\$330	\$270	\$330	\$330	\$390	\$330	\$390
		(14 classes)															
	3	Dec 2 - Dec 19		\$110	\$120	\$115	\$145	\$115	\$145	\$115	\$145	\$115	\$145	\$140	\$170	\$140	\$170
		(6 classes)															

*No classes Labor Day, Monday, Sept 2nd. Price is adjusted to 13 classes on Monday Programs (Crushers, Champs, Champs Tour & Challengers Tour).

Total Amount \$

Card Type:	Card Number	Expiration (MM/YYYY)	Security
Participants Name	Name on Card	Signature	
Parent/Guardian Name	Birthdate	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email Address	Address	City	ST Zip

PAYMENT & CANCELLATION POLICY: Payment is required at time of registration. Cancellations made more than 14 days before the start date of the session receive a 50% account credit. 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. Phone messages left on ETC's voicemail are not a form of cancellation. Cancellations must be submitted via email to etc@eagletennisclub.com.

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 Eagle Tennis Club. I also 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, LLC 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 Tennis Club and its designees have permission to 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 _____