

WEYMOUTH CLUB

HIGH PERFORMANCE SUMMER TENNIS

REGISTRATION FORM

All forms in this packet are required to complete your registration - Application will not be approved until all forms have been submitted and reviewed

First Name: _____ Last Name: _____

M/F: _____ Birthdate: _____ Member/Nonmember: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email Address: _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relationship: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Health Care Provider: _____ Phone #: _____

PLEASE CHECK CHOSEN WEEKS:

- | | |
|----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> WEEK 1: June 30 - July 3 | <input type="checkbox"/> WEEK 6: August 4-7 |
| <input type="checkbox"/> WEEK 2: July 7-10 | <input type="checkbox"/> WEEK 7: August 11-14 |
| <input type="checkbox"/> WEEK 3: July 14-17 | <input type="checkbox"/> WEEK 8: August 18-21 |
| <input type="checkbox"/> WEEK 4: July 21-24 | <input type="checkbox"/> WEEK 9: August 25-28 |
| <input type="checkbox"/> WEEK 5: July 28-31 | <input type="checkbox"/> CHECK to add 1 Hour Private Lesson |

MEMBERS

Full Week (4 Sessions) | \$400
Full Week + 1 Hour Private Lesson | \$495
Single Session | \$115

NONMEMBERS

Full Week (4 Sessions) | \$480
Full Week + 1 Hour Private Lesson | \$600
Single Session | \$130

PROGRAMMING POLICIES

- Week-long registrations must be accompanied by payment at the time of enrollment.
- All players must have a card on file with Weymouth Club
- There are no refunds or makeups for scheduling conflicts or missed classes (including but not limited to sickness or minor injury) with less than 24-hour notice. This policy will be adhered to strictly to provide our professional staff with a clear schedule.
- Full-week players who need to cancel a day (with more than 24-hour notice) will be provided a makeup at a later date approved by the Director. There will be no refunds.
- Drop-ins must notify Director directly via email or phone.
- All players must be approved by the Director of High Performance.
- All camps are parent drop-off and pick-up only.
- If your child is prescribed epinephrine, the medication must be brought to camp regardless of whether attending half or full day.
- Photograph Permission: I give permission for the Weymouth Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include Camper's image or voice for purposes of promoting the Club's programs.

Please check the following:

- ☐ I agree to adhere to the above programming policies.
- ☐ I have completed and signed the Weymouth Club High Performance Summer Tennis Required Release of Liability form
- ☐ I have completed and signed the Authorization to Administer Medication to a Camper form

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

WEYMOUTH CLUB HIGH PERFORMANCE SUMMER TENNIS

REQUIRED RELEASE OF LIABILITY

Name of Child: _____

Please read carefully. This is a release of liability and other rights.

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in Weymouth Club High Performance Tennis Camp, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical exertion and risk taking and the use of any equipment in connection with the activities. I, on behalf of myself, my child, and any other parent of the child, understand that my child may be involved in activities including the following but not limited to arts and crafts, swimming, team building initiatives, tennis, and/or any other physical undertakings.

ACKNOWLEDGEMENT OF RISK: I recognize that there is inherent danger in any activity which involves exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of activities in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activities and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary, including emergency care, in the event of any injury to my child while participating in the activities. I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. Weymouth Club High Performance Tennis Camp has my permission to use photos of my child in promotional Weymouth Club High Performance Tennis Camp literature.

RELEASE AND HOLD HARMLESS: In consideration of my child's participation in the activities, I, for myself, for my child, and for any other parent of the child, do hereby RELEASE AND AGREE TO HOLD HARMLESS Weymouth Club, its trustees, officers, employees, and agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are the result of gross negligence of the party or parties released herein.

ACKNOWLEDGMENT: In signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and or respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date