



# LANE-STARKE TENNIS SPRING SESSION REGISTRATION

By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the Lane-Starke Tennis Club: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

PARTICIPANT INFORMATION		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		RELATIONSHIP:

MAIN CONTACT		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		RELATIONSHIP:

SECOND CONTACT/ALTERNATE		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		RELATIONSHIP:

EMERGENCY PICK UP OR ALTERNATE PICK UP		
LAST NAME:	LEGAL FIRST NAME:	RELATIONSHIP:
HOME PHONE:	WORK PHONE:	CELLPHONE:

\* This is a person over the age of 16 who is authorized to pick up your child and can be contacted by LSTC staff when the parent/guardian can't be reached.

Participants 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. If your child is 12 or older, does she/he have your permission to be released on their own at the end of their camp day?  YES  NO

Signature: \_\_\_\_\_

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?  YES  NO

If yes, Lane-Starke Tennis Center will contact you for additional information.

Please select t-shirt size: **Youth** S M L **Adult** S M L XL

# Session #3

Jan. 13 - Feb. 28

Tuesday	Wednesday	Thursday
<input type="checkbox"/> <b>Gold 1</b> 5-6:30 p.m.	<input type="checkbox"/> <b>Hot shots</b> <b>Orange &amp; Green Ball</b> 4-5p.m.	<input type="checkbox"/> <b>Gold 1</b> 5-6:30p.m.
<input type="checkbox"/> <b>Gold 2</b> 6:30-8 p.m.	<input type="checkbox"/> <b>Silver 1</b> 5-6:30p.m.	<input type="checkbox"/> <b>Gold 2</b> 6:30-8p.m. <i>(UTR Level of 6+)</i>
	<input type="checkbox"/> <b>Silver 2</b> 6:30-8p.m.	

Jan. 18 - March 1 | Jan. 12 - Feb. 23

Saturday	Sunday
<input type="checkbox"/> <b>Hot shots</b> 11:30a.m.-12:30 p.m. <b>Cost: \$120 or \$35 per class</b>	<input type="checkbox"/> <b>Silver 1 &amp; Silver 2</b> (5 weeks - no class 1/26 or 2/16) 2-4 p.m. <b>Cost: \$150 - no day rate</b>

# Session #4

March 3 - April 18

Tuesday	Wednesday	Thursday
<input type="checkbox"/> <b>Gold 1</b> 5-6:30 p.m.	<input type="checkbox"/> <b>Hot shots</b> <b>Orange &amp; Green Ball</b> 4-5p.m.	<input type="checkbox"/> <b>Gold 1</b> 5-6:30p.m.
<input type="checkbox"/> <b>Gold 2</b> 6:30-8 p.m.	<input type="checkbox"/> <b>Silver 1</b> 5-6:30p.m.	<input type="checkbox"/> <b>Gold 2</b> 6:30-8p.m. <i>(UTR Level of 6+)</i>
	<input type="checkbox"/> <b>Silver 2</b> 6:30-8p.m.	

March 8 - April 12 | March 16 - April 13

Saturday	Sunday
<input type="checkbox"/> <b>Hot shots</b> 11:30a.m.-12:30 p.m. <b>Cost: \$120 or \$35 per class</b>	<input type="checkbox"/> <b>Silver 1 &amp; Silver 2</b> (5 weeks - no class 3/2,3/9 or 4/20) 2-4 p.m. <b>Cost: \$150 - no day rate</b>

**ARRIVAL /PICK UP TIME:** All children should arrive 10-minutes prior to the start of the camp session. This will allow enough time for check-in and equipment preparation. Please plan to pick up your child no later than 10 minutes after the conclusion of the camp session. Unfortunately, we are not staffed to provide extended supervision.

**WHAT TO BRING:** Participants are encouraged to bring: their own racket, hat, sunscreen, water and a snack. Please make sure your Participant's name is on their items. Loan rackets are available for anyone in need. Sessions may take place indoors or outdoors depending on weather and specific lesson plans. Afternoon sessions are frequently held outdoors. Proper footwear with non-marking soles and athletic clothes should be worn. No running style shoes are allowed on the clay courts. Vending machines are available on-site.

**STUDENT TO INSTRUCTOR RATIOS:** All sessions will be taught by one of our certified tennis professionals. Sessions are filled with a 5:1 student to instructor ratio. Junior professionals and camp assistants will help with larger groups.

## MEDICAL RELEASE INFORMATION

INSURANCE INFORMATION		
<b>POLICY NUMBER:</b>	<b>NAME OF HEALTH INSURANCE PROVIDER:</b>	
<b>PRIMARY PHYSICIAN:</b>		
<b>ADDRESS:</b>	<b>CITY, STATE:</b>	<b>ZIP CODE</b>
<b>PHONE:</b>	<b>HOSPITAL PREFERENCE:</b>	

Do you/your child have any medical or behavioral conditions that we should be aware of?

are you/your child presently being treated for an injury or sickness, or taking any form of medication for any reason including maintenance medication (i.e. diabetic, asthma, seizures)?

YES  NO If yes, please explain: \_\_\_\_\_

**ALLERGIES:** Please put N/a if you your child does not have an allergy

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Insect: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Other: \_\_\_\_\_

Does your child require an Epi-pen?  YES  NO

If yes, you must provide the LSTC with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

## TERMS OF AGREEMENT

**CODE OF CONDUCT:** The safety of each individual in the program is of the utmost importance to the LSTC. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by LSTC staff. I hereby agree that any behavior of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the LSTC reserves the right to alter the program at any time without notice or compensation to the Registrant.

**I have read and understand the Code of Conduct.**

**Parent/guardian initials:** \_\_\_\_\_

### PHOTO RELEASE:

I, \_\_\_\_\_, the parent of a child/children at Lane-Starke Tennis Center (LSTC) agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at LSTC during posted camp times and activities. I understand that these photographs may be used in promoting the LSTC, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_  
With my signature I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the LSTC. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/guardian initials:** \_\_\_\_\_

### MEDICAL EMERGENCY:

In the event of an accident, injury or illness involving the registrant, and immediate contact by the LSTC with a designated contact cannot be made, I hereby authorize and grant permission to LSTC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of X-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the LSTC responsible for any costs or injury arising out of an emergency situation.

**Parent/guardian initials:** \_\_\_\_\_

### REFUND POLICY:

Members wishing to obtain a refund must request so in person. Lane-Starke Tennis Center will issue a refund for any camp, clinic/program canceled due to low enrollment. Applications for refunds of camps, clinics/programs will only be accepted for documented medical conditions. Refunds may be prorated based on attendance. Otherwise, no refunds will be issued. For more information, contact the Lane-Starke Tennis Center at 607-777- 3491.

**Parent/guardian initials:** \_\_\_\_\_

### DISCLAIMER:

All camp programs are subject to change or cancellation due to low enrollment or other unforeseen circumstances that are prohibitive to the operation of the program. The LSTC is not responsible for lost or damaged personal property.

**Parent/guardian initials:** \_\_\_\_\_

### REGISTRATION AGREEMENT:

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Acknowledgment of Risk and Informed Consent, Code of Conduct, Photo Release, Medical Emergency Statement, Refund Policy and Disclaimer.

**Date:** \_\_\_\_\_ **Participant name:** \_\_\_\_\_

**Name of parent/guardian (print):** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_