

GINEPRI PERFORMANCE TENNIS

Summer Camps 2019

- (12 dim)			
CHILD'S INFORMATION			
Child's Name: Parent's Name:			
Home Address:			
City: State: 2	Zip:	Email:	
Phone:	Birth Date: _	/A	ge: Gender:MF
Tennis Background: ALTA Level,	USTA Level	, Ranking (if appl	icable)
Camps/Academies:	;		
Chronic Illness/Allergies:			
Medication/Other Health Information:			
EMERGENCY CONTACT INFORMATION	ON		
Name:	<u> </u>	elationship:	
Home Phone: W			
Additional Information:			
SUMMER CAMP INFORMATION			
Group Level:Beginner	Intermediate	Advanced	
State Ranking	Sectional Ranl	kingNational R	anking
Non-Member: \$335 Members & Stars of the Future Participants: \$310 Academy Member: \$250 AFTER CARE, 2-4 pm: \$60/ week or \$15/ day. Circle desired days below for selected camp week(s). 10% Discount** with Sign Up before 3/31/19, 10% Multiple Week Discount (Only One Discount Applies) **Discount does not apply to After Care			
Camp Weeks:			
After Care: MTWTHF MTWTHF	M T W TH F	M T W TH F M T	W TH F M T W TH F
Ticket #:			
Club# Check# Credit Card #_			Exp
Promotion Code:			
APPROVAL TO PARTICIPATE			
The undersigned acknowledges that the use of O undertaken with knowledge of the risk of possible herself, and his/her family and guests while using cept those arising or resulting from OTAC's gros signed understands that he/she is relieving OTAC claims, injury, damage or liability sustained or incing out of any conduct or event connected with the gence or willful misconduct. Parent/Guardian Signature:	injury. The undersi OTAC's facilities of s negligence or will and those employed urred by the undersi	gned hereby accepts and in involved in any even ful misconduct. In accept by or affiliated with a gned, and his/her family	y and all risks of injury to himself/ t or activity incident to OTAC, ex- pting the risk of injury, the under- OTAC, from any and all loss, cost, y and guests resulting from or aris-