



GINEPRI PERFORMANCE TENNIS

Summer Camps

2021

CHILD'S INFORMATION

Child's Name: _____ Parent's Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone: _____ Birth Date: ____/____/____ Age: ____ Gender: ____M ____F
Tennis Background: ____ ALTA Level _____, ____USTA Level _____, Ranking (if applicable) _____
Camps/Academies: _____, _____
Chronic Illness/Allergies: _____
Medication/Other Health Information: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Work: _____ Cell: _____
Additional Information: _____

SUMMER CAMP INFORMATION

Group Level: _____ Beginner _____ Intermediate _____ Advanced
_____ State Ranking _____ Sectional Ranking _____ National Ranking
Non-Member: \$335 _____ Members & Stars of the Future Participants: \$310 _____ Academy Member: \$250 _____
10% Multiple Week Discount (Only One Discount Applies)
*** NO AFTER CARE ***
Camp Weeks: _____
Ticket #: _____
Club# _____ Check# _____ Credit Card # _____ Exp. _____ Code _____

My child is a member of OTAC and has my permission to charge food, beverages and snacks to their member account.

APPROVAL TO PARTICIPATE

The undersigned acknowledges that the use of Olde Towne Athletic Club's (OTAC) facilities and any privilege or service is undertaken with knowledge of the risk of possible injury. The undersigned hereby accepts any and all risks of injury to himself/herself, and his/her family and guests while using OTAC's facilities or involved in any event or activity incident to OTAC, except those arising or resulting from OTAC's gross negligence or willful misconduct. In accepting the risk of injury, the undersigned understands that he/she is relieving OTAC and those employed by or affiliated with OTAC, from any and all loss, cost, claims, injury, damage or liability sustained or incurred by the undersigned, and his/her family and guests resulting from or arising out of any conduct or event connected with the use of any OTAC facilities, except those arising from OTAC's gross negligence or willful misconduct.

Parent/Guardian Signature: _____ Date ____/____/____

Notes: