



GINEPRI PERFORMANCE TENNIS

Spring Break Tennis Camp

April 5 - 9 * 9:00 am - 2:00 pm

(Check-in as early as 8:30 am)

CHILD'S INFORMATION

Child's Name: _____ Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Birth Date: ____/____/____ Age: ____ Gender: ____M ____F

Beginner ____, Intermediate ____, Advanced ____, 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: _____

PAYMENT INFORMATION

Non-Member: \$335 _____ Members / Stars of the Future Participants: \$310 _____ Academy Participants: \$250 _____

After Care 2-4 PM: \$15 / Day. CIRCLE DESIRED DAYS FOR AFTER CARE: M T W TH F

LUNCH PROVIDED

Monday - Pizza, Tuesday - Hamburgers, Wednesday - Cheese Quesadillas, Thursday - Chicken Fingers, Friday - Pasta w/ Sauce or butter.

Contact Coach John Shults regarding any dietary issues at john@otac.net, 770-655-3951

_____ My child is an Olde Towne member and has my permission to make purchases in the Pub & Grille and Pro Shop.

Ticket # _____ Club Account # _____ Check # _____

Credit Card # _____ Exp. _____ Security Code _____

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 ____/____/____

Email or fax registration forms to: jan@otac.net, 770-971-4031.