

West Winds High Performance Tennis Camp Registration Form 2015

Child's Name: _____
Parent's Name: _____
Address: _____
City: _____ State: _____
Zip: _____
Contact Cell: _____
Email: _____
Child's Age: _____ DOB: _____
Boy: _____ Girl: _____ Grade Comp: _____

Sessions Attending (Circle one)

1 2 3 4 5 6 7

Cost: \$450 per session

Discounts: 4 weeks \$50 Sibling: 10% Jr. League & Academy Plyr: 20%

Payment Authorization Agreement:

Cash: _____ Check: _____ Credit Card: _____
Amex: ___ Visa: ___ M/C: ___ Discover: ___
Name on Card: _____
Card Number: _____
Exp Date: _____ CVV: _____

Program Acceptance:

I have enrolled my dependent in a West Winds Tennis and fitness Center (WWTFC) tennis program and accept full responsibility for all fees and expenses associated with the program. I hereby authorize the WWTFC to process payment by drafting my credit card account as agreed to above. I agree to all terms included in this contract.

Liability Release:

I understand the nature and scope of the program (s) listed. I understand that there are risks and dangers associated with the program(s). I understand that it is not the function of the West Winds Tennis Center, its employees, agents, operators or instructors to guarantee the safety of participants with respect to the program above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/program for the safety of himself/herself and the other participants. In consideration of the participants being permitted to enroll in the program, I hereby release, indemnify and hold harmless West Winds Tennis Center, its employees, operators and instructors from any and all claims and demands, costs, charges and expenses for harm, injury, damage or loss which may be sustained by the participant as a result of, or relating to, participation in the program above. Refunds will only be given for medical reasons (physician's notice may be required for a medical refund). I have read and understand the above liability.

Signature: _____

Date: _____