

WILLIAMS TENNIS SCHOOL

Steve Williams, USPTA (P1) – Head Pro/Junior Coordinator
Staff Pro's: Wes Ballentine (USPTA), Allen Fu

Spring Session #1 (6 Weeks – Week OFF over St Vrain Spring Break (3/29 – 3/31))

<u>Check Session Name</u>	<u>Member Price</u>	<u>Non-Member Price</u>
<input type="checkbox"/> <u>JUNIOR STARS (4-7 YEARS OLD)</u> Saturdays 1230-1 PM • 3/2 – 4/13	\$60.00	\$90.00
<input type="checkbox"/> <u>ACES (8-11 YEARS OLD)</u> Saturdays 1-2 PM • 3/2 – 4/13	\$84.00	\$120.00
<input type="checkbox"/> <u>CHALLENGERS</u> Fridays 6-730 PM, Sundays 1-230 PM • 3/1 – 4/14	\$252.00	\$360.00
<input type="checkbox"/> <u>JUNIOR ADVANCED</u> Sat (2-4 PM), Sun (230-4 PM) • 3/2 – 4/14	\$294.00	\$420.00

REGISTRATION FORM

Player Name _____ M or F Age _____ LAC Member __ Y __ N
Home Address _____ City _____ State _____ Zip _____
Name of Parent or Guardian: _____ Home Ph#: _____ Cell Phone# _____
E-Mail _____ Emergency Contact Name & Phone # _____

Parent or Guardian Release:

I HEARBY WAIVE FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS FOREVER, ALL CLAIMS FOR DAMAGES AGAINST THE LONGMONT ATHLETIC CLUB, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, OR AGENTS FROM OR IN ANYWAY CONNECTED WITH ANY AND ALL INJURIES WHICH MAY BE SUFFERED ON OR INCURRED WHILE PARTICIPATING IN THIS ACTIVITY. WHETHER OR NOT AUTHORIZED BY THE LONGMONT ATHLETIC CLUB. THIS WAIVER SHALL BE APPLICABLE EVEN IF MY INJURIES ARISE FROM THE NEGLIGENCE OF THE LONGMONT ATHLETIC CLUB, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES OR AGENTS.

Parent or Guardian Signature: _____ Date: _____

Amount Paid \$ _____ Circle One: Check Cash Charge LAC Receipt# _____ Date: _____
Visa/Mstr Card# _____ Credit Card Expiration Date: _____ 3 Digit # on Back _____
Credit Card Billing Address: _____ City _____ State _____ Zip _____
Signature Auth. Payment by Credit Card _____ Date: _____