

# WILLIAMS TENNIS SCHOOL

Steve Williams, USPTA (P1) – Head Pro/Junior Coordinator  
Staff Pro and Junior Coordinator: Wes Ballentine (USPTA)

## Summer Session (8 Weeks/Off week July 4<sup>th</sup> week (7/2 – 7/7))

| <u>Check Session Name</u>  | <u>Member Price</u> | <u>Non-Member Price</u> |
|--|---------------------|-------------------------|
| <input type="checkbox"/> JUNIOR STARS (4-7 YEARS OLD)<br>Mon/Wed/Sat 9-930 AM • 6/4 – 8/4        | \$168.00            | \$240.00                |
| <input type="checkbox"/> ACES (8-11 YEARS OLD)<br>Mon/Wed/Sat 930-1030 AM • 6/4 – 8/4            | \$336.00            | \$480.00                |
| <input type="checkbox"/> CHALLENGERS<br>Mon/Wed 1030 AM - 12 PM • 6/4 – 8/1                      | \$336.00            | \$480.00                |
| <input type="checkbox"/> JUNIOR ADVANCED<br>Tues/Thurs/Sat 1030 AM – 12 PM • 6/5 – 8/4           | \$504.00            | \$720.00                |
| <input type="checkbox"/> JUNIOR ELITES (INVITATION ONLY!!)<br>Tues/Thurs/Sat 12-1 PM • 6/5 – 8/4 | \$336.00            | \$480.00                |

## 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: \_\_\_\_\_