

2022 JUNIOR CLINICS

6 INDOOR//20 OUTDOOR//2 PLATFORM



/ /

M/F

Player Name

Birthdate

Circle One

Parent/Guardian

Cell Phone

Home Phone

Additional Emergency Contact

Email Address(es)

Emergency Phone

Mailing Address

City/State/Zip

Credit Card #

Expiration

Sec. Code

Billing Zip Code

**A credit card is needed to hold your spot. A 3% convenience fee will be added to all credit card transactions. We also accept Venmo, Zelle, or check payments if you would like to avoid the fee. Please mark your preferred payment method:*

Venmo Zelle Check Credit Card

QuickStart {ages 3-6} June 13th- Sept 5th

\$60.00 per session

Mondays / Wednesdays
10:00- 11:00 am

*please indicate exact dates of sign up

Tuesdays / Thursdays
4:00-5:00 pm

Saturdays
4:00-5:00 pm

Weekend Junior Programs {ages 7 & Up} June 18th-Sept 3rd

\$75.00 per session

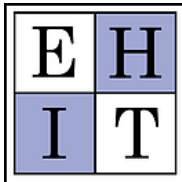
*please indicate exact dates of sign up

Saturdays 4:00-5:30pm

Adult Leagues-Adult Clinics-Platform Tennis-Junior Clinics-The Clubhouse

PO Box 4149 East Hampton NY 11937 (631) 537-8012 www.ehit.club email: tennis@ehit.club

****There is a 24-hour cancellation policy on all lessons, clinics, and court rentals****



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Permission/ Release Form

I agree to cooperate fully with East Hampton Indoor Tennis (EHIT) and I understand that my child must follow all rules and regulations of the EHIT club. I agree that my child has permission to:

1. To take part in any and all EHIT activities on or off the EHIT property.
2. To Take EHIT sponsored Field Trips.
3. To ride in vehicles owned and or operated by appropriately licensed/trained employees or representatives of EHIT or vehicles chartered by EHIT.

Notwithstanding the above authorization, I agree to complete and promptly return to EHIT and any additional permission slips, releases/or medical information forms. Further, I understand that the Permission for Emergency Medical Treatment is due by the start of my child's participation in the EHIT Davis Cup program. I agree that EHIT may use a portrait, likeness, artwork, written work, or electronic media that he or she may develop in connection with EHIT activities or in publicizing EHIT, and that, except as prohibited by law.

GENERAL RELEASE AGREEMENT I release and hold harmless EHIT, their employees, officers, directors, agents, successors and assigns from all claims causes of action, damages and other liability for injury or other harm to my Child resulting from or arising out of his or her participation in EHIT programs.

Student Name _____ Date _____

Parent/Guardian Signature (if child is under 18) _____

Parent Guardian Name _____ Date _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT (if student is under age of 18)

Please complete this form.

Every reasonable effort to reach a parent, guardian, or family doctor will be made if a child becomes injured or seriously ill.

This is to certify that I, _____ give permission for my child or ward, _____ to receive emergency medical treatment.

Signature of Parent of Guardian _____ Date _____

Health Insurance Information (please attach a photocopy of insurance card)

Emergency Contact Information

First Emergency Contact: _____ Phone: _____ Relation: _____

Second Emergency Contact: _____ Phone: _____ Relation: _____

Local Pediatrician: _____ Phone: _____ Address: _____

Is your child in good health? (If not, please provide details): yes no

Does your child have allergies? (Please specify): yes no

Should the nature & amount of physical exercise be limited? (Please specify): yes no

Is your child on medication? (Please specify): yes no

LIABILITY WAVIER

ALL MEMBERS AND THEIR FAMILY (AND THEIR GUESTS, IF AND WHEN PERMITTED), BY ENTERING THE CLUB'S PROPERTY AND USING ANY OF IT'S FACILITIES WILL BE DEEMED TO HAVE: (1) AGREED TO FOLLOW ALL APPLICABLE RULES AND PROTOCOLS REGARDING USE OF THE CLUB'S FACILITIES: AND (2) WAVIED ANY AND ALL CLAIMS OR LIABILITIES AGAINST THE CLUB, IT'S LLC MEMBERS OR EMPLOYEES RELATING IN ANY WAY TO THE COVID-19 VIRUS, OR ANY PRECAUTIONS TAKEN, OR FAILED TO BE TAKEN, IN CONNECTION THEREWITH.

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