

Next Generation Tennis Academy



at Longwood Athletic Club, Sarasota, Florida

DATE ___/___/2009

STUDENT'S NAME _____ AGE _____ DOB ___/___/___ GENDER M or F

ADDRESS _____ CITY _____ STATE _____

ZIP _____ HOME () ___-___-___ CELL () ___-___-___ EMAIL _____

MOTHER'S NAME _____ WORK () ___-___-___ CELL () ___-___-___

FATHER'S NAME _____ WORK () ___-___-___ CELL () ___-___-___

T-SHIRT SIZE (circle one) S M L

**NEXT GENERATION CAMP
AGES 6-13
2009 SUMMER CAMP REGISTRATION**
(INITIAL THE APPROPRIATE BOX FOR EACH WEEK PROGRAM)

	Next Generation Camp \$40 /\$50 per WEEK
WEEK 1 (June 1-5)	
WEEK 2 (JUNE 8-12)	
WEEK 3 (JUNE 15-19)	
WEEK 4 (JUNE 22-26)	
WEEK 5 (JUNE 29-JULY 3)	
WEEK 6 (JULY 6-10)	
WEEK 7 (JULY 13-17)	
WEEK 8 (JULY 20-24)	
WEEK 9 (JULY 27-31)	
WEEK 10 (AUG 3-7)	
WEEK 11 (AUG 10-14)	
WEEK 12 (AUG 17-24)	

TOTAL NUMBER OF WEEKS _____

PAYMENT AMOUNT \$ _____ (TBC by staff)

NOTE: Pre-pay for 3 weeks of Next Generation Camp and receive a 4th week free



5802 Longwood Run Blvd, Sarasota FL 34243
Tel: 941-351-1750 Email: info@ngtacademy.com Fax: 941-351-1950
www.ngtacademy.com



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MEDICAL EMERGENCY INFORMATION & RELEASE

TO WHOM IT MAY CONCERN: I hereby give consent to any hospital and/or doctor to administer emergency treatment to myself/my child in the event of an emergency, provided such treatment is imperative. I also give consent for myself/my child to be transported by ambulance if the situation warrants and will pay for all medical costs resulting from the necessary medical care.

Family Physician: _____

Office #: _____

State any allergies, disabilities, medical conditions or restrictions of the student:

Does the student receive any medication? YES NO

If yes, please list: _____

MEDICAL INSURANCE: _____

Policy Holder's Name: _____

Policy #: _____ Exp Date: _____

SIGNATURE (required for medical release)

_____ DATE _____

EMERGENCY CONTACT INFORMATION

Name: _____

Home: () _____ - _____ Cell: () _____ - _____

Work: () _____ - _____ Relation: _____

POLICIES

Students may participate when:

1. Registration and medical release forms have been completed and signed. For students under 18, forms must be signed by a parent or legal guardian.
2. They have signed in on the sign-in sheet before each program session.
3. Payment has been received.
4. Rates are prepaid commitments and are not prorated for missed days. Selected days and times cannot be swapped for different days and times during the week/month. **No make up days.**
5. Camp is not cancelled due to rain. The program will occur at the regular scheduled times and will consist of age appropriate activities for beginner tennis players. **No make up days.**
6. Policies are not negotiable
7. Students who engage in illegal activity, disrupt others or the community, and do not follow rules set by Next Generation Tennis Academy and the facility at which the academy is using will be dismissed from the program immediately. Students dismissed from the program will forfeit all or any portion of fees paid to Next Generation Tennis Academy, LLC for failure to comply.

CANCELLATIONS

All cancellations must be submitted in writing to Next Generation Tennis Academy. A full refund less 25% service charge (based on the total pre-paid fees) will be given for cancellations received at least ten (10) days in advance of the first day of the registered camp session. All cancellations received less than ten (10) days in advance of the first day of the registered camp session will result in forfeiture of all pre-paid fees.

PAYMENT METHOD (Please circle Payment Method)

CHECK #		AMOUNT PAID:	
CREDIT CARD INFORMATION	MASTERCARD	VISA	AMEX
ACCOUNT #		SECURITY CODE	
EXP DATE		CARD HOLDER'S NAME:	
BILLING ADDRESS:			
*I AUTHORIZE NEXT GENERATION TENNIS ACADEMY, LLC TO CHARGE MY CREDIT CARD ON FILE THE TOTAL AMOUNT DUE: (PLEASE SIGN TO THE RIGHT)		SIGNATURE:	

I/We as parent/guardian of the child do waive and discharge Next Generation Tennis Academy, LLC and Longwood Athletic Club, LLC., its agents and employees from and against all claims and actions. I/We as parent/guardian certify that the student is in normal health and capable of participating in all activities played by Next Generation tennis Academy, LLC and Longwood Athletic Club, LLC. I/We have read all of the above and give permission for my child to participate in the Next Generation Tennis Academy Summer Tennis Camps. My child's likeness may also be used for advertising purposes.

Signed (Parent/Guardian) _____ Date _____



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