



2012 Summer Tennis Camp Registration Form

Select Program (s):		<input type="checkbox"/> Junior Development - Ages 8-10	<input type="checkbox"/> Extended Day – 1:00 pm - 4:00 pm
		<input type="checkbox"/> Junior Development - Ages 10-13	<input type="checkbox"/> Extended Hour at Planet Gymnastics
		<input type="checkbox"/> Junior Development - Ages 13-15	<input type="checkbox"/> Tournament Training - Ages 14-18
<input type="checkbox"/> Session 1	Monday 6/25 – Friday 6/29	<input type="checkbox"/> Session 5	Monday 7/30 – Friday 8/3
<input type="checkbox"/> Session 2	Monday 7/9 – Friday 7/13	<input type="checkbox"/> Session 6	Monday 8/6 – Friday 8/10
<input type="checkbox"/> Session 3	Monday 7/16 – Friday 7/20	<input type="checkbox"/> Session 7	Monday 8/13 – Friday 8/17
<input type="checkbox"/> Session 4	Monday 7/23 – Friday 7/27	<input type="checkbox"/> Session 8	Monday 8/20 – Friday 8/24
Players Name:			Dob:
Parent/Guardian Name:			
Address:			
City:		State:	Zip:
Phone:		Cell Phone:	
Emergency Contact:			
Emergency Phone:			
Email:			
Credit Card No.: MC or Visa		Exp Date:	Amount:
Name on the Credit Card:			
I authorize my credit account to be charged for the above amount.		Signature:	
Checks should be made payable to: <i>All Seasons Tennis Club</i>		Amount Enclosed:	

A non-refundable \$50 deposit is required with each registration

Please mail registration and payment to: ASTC, P.O. Box 2845, Acton, MA 01720

Acknowledgement of Risk and Waiver of Liability

I, the minor's parent and/or legal guardian, understand the nature of tennis camp, extended day and gymnastics activities, and its risks and perils, the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to release, absolve, indemnify and forever hold harmless All Seasons Tennis Club (ASTC), Planet Gymnastics, their owners, officers, employees, and designated representatives in the event of personal injuries to my child sustained during the program.

I hereby grant permission for my son or daughter, to be photographed and/or videotaped by the camp staff and/or designees of All Seasons Tennis Club in conjunction with camp activities, for the purpose of future ASTC camp and/or tennis related promotions / opportunities. I expressly release and forever discharge ASTC and any of its authorized agents from any and all claims and demands of any kind whatsoever in relation to, or arising out of, the use of my (or my child's) image or likeness.

If enrolled in Tournament Training, I hereby give permission for an All Seasons Staff Member to drive my child to other local clubs / courts for the purposes of supervised match play experience.

Signature of Parent or Legal Guardian: _____ **Date:** _____

PLEASE NOTE: A Medical Certificate from your doctor must be provided to ASTC **PRIOR TO** participation in these programs as required by Massachusetts Department of Public Health for compliance and licensing.

Each session must have a minimum of 3 participants. All Seasons Tennis Club reserves the right to cancel sessions with less than the minimum number of participants.