



All Seasons Tennis Club,

10 Granite Road, Acton, MA 01754

Phone: 978-263-3660 Fax: 978-263-3924

www.AllSeasonsTennisClub.com

2010 Junior Summer Camp Registration Form

Select Program (s):		<input type="checkbox"/> Player Development	<input type="checkbox"/> Competitive Development
		<input type="checkbox"/> Tournament Training	<input type="checkbox"/> Extended Hour
		<input type="checkbox"/> Extended Day	<input type="checkbox"/> Extended Hour
Players Name:			
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:		Signature:	
<input type="checkbox"/>	Session 1	June 28 - July 2	<input type="checkbox"/>
<input type="checkbox"/>	Session 2	July 5 - July 9	<input type="checkbox"/>
<input type="checkbox"/>	Session 3	July 12 - July 16	<input type="checkbox"/>
<input type="checkbox"/>	Session 4	July 19 - July 23	<input type="checkbox"/>
<input type="checkbox"/>	Session 5	July 26 - July 30	<input type="checkbox"/>
<input type="checkbox"/>	Session 6	August 2 - August 6	<input type="checkbox"/>
<input type="checkbox"/>	Session 7	August 9 - August 13	<input type="checkbox"/>
<input type="checkbox"/>	Session 8	August 16 - August 20	<input type="checkbox"/>
<input type="checkbox"/>	Session 9	August 23 - August 27	<input type="checkbox"/>
		\$ _____	TOTAL Enclosed
<i>Checks should be made payable to: All Seasons Tennis Club</i>			
<i>Please mail to: ASTC, P.O. Box 2845, Acton, MA 01720</i>			

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

Register for a Summer Camp and pay by May 31, 2010 and receive a 10% discount **OR**

Register for 2 or more weeks and receive a 10% discount for each week.

Acknowledgement of Risk and Waiver of Liability

I, the minor's parent and/or legal guardian, understand the nature of tennis camp 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 hold harmless All Seasons Tennis Club, its owners, officers, and employees in the event of personal injuries to my child sustained during the program.

If I, the minor's parent and/or legal guardian, elect to enroll my child in the Extended Day or Extended Hour program, I certify that I am fully aware of and appreciate the risks, including serious injury, associated with participation in the gymnastic program and/or activities. I knowingly and willingly assume all such risks and therefore do waive and release all rights and claims for damages against the owners, operators, coaches and other members of Planet Gymnastics from personal injury or accident of any sort of nature suffered by reason of participation in the programs or activities of Planet Gymnastics.

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.

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.

This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the Local Board of Health.