TT ZUZJ ILLN ILNNIJ IT							
Ages 13-18							
Open to High School Levels & Tournament Players *Grouping Based on Ability							
DATES	1-1-0000	DAYS of WEEK					
June 20th - August 3		7:30pm	Tuesdays & Thursdays				
5:30-7:30pm  PRICING							
1 Session: \$130.00							
<b>10 Sessions</b> : \$1100.00 (\$110.00 per session)							
<b>Please note:</b> you may sign up as you go we just ask for you to call in advance to make sure there is room.							
*There is a 24 hour cancellation policy or you will be charged in full* PLAYER INFORMATION FORM							
FUATER INFORMATION FORM							
			M / F				
Player Name	Birthdate	AGE	Circle One				
Parent/Guardian Name							
Cell Phone	Home Phone		Additional Emergency Contact				
Email Address(es)			Emergency Phone				
	01. 10.	/7:					
Mailing Address	City/Stat	e/Zıp	_				
PAYME	PAYMENT METHOD						
CREDIT CARD MC / VISA / AME	X / DISC		Week 1: 6/20 & 6/22: TUES THURS				
			Week 2: 6/27 & 6/29: TUES THURS				
CREDIT CARD NUMBER	EXP	IRATION	Week 3: 7/4 & 7/6: TUES THURS				
* 4% convenience fee w/ all credi	t card transactions CVV	,	Week 4: 7/11 & 7/13: TUES THURS				
VENMO username @Ei	UITO5 or 6210750701		Week 5: 7/18 & 7/20: TUES THURS				
VENIVIO username @El	HIT95 or 6318750781		Week 5. 7/18 & 7/20. 10E3 1110K3				
			Week 6: 7/25 & 7/27: TUES THURS				
☐ <b>ZELLE</b> username 631875078	1 or scott@ehit.club		Week 7: 8/1 & 8/3: TUES THURS				
			Week 8: 8/8 & 8/10: TUES THURS				
			Week 9: 8/15 & 8/17: TUES THURS ☐ ☐				
			Week 10: 8/22 & 8/24: TUES THURS				
CHARGE TO MY ACCOUNT			Week 11: 8/29 & 8/31 TUES THURS				
CHECK PAYABLE TO EHIT							

## **LIABILITY WAIVER**

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) WAIVED 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.

## 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.

Parent/Guardian Signature (if child is under 18):	Date:				
Parent Guardian Name (printed):					
Student Name (printed):					
PERMISSION FOR EMERGENCY MEDICAL TREATMENT (if student is  Please complete this form.  Every reasonable effort to reach a parent, guardian, or family doctor will be made if a give permission to my child of	child be	ecomes inju			
to receive emergency medical treatment.					
Parent/Guardian Signature :			Date:		
<b>Health Insurance Information</b> (please attach a photocopy of in	surance	e card)			
Emergency Contact Information					
First Emergency Contact:			Relation:		
Second Emergency Contact:			Relation:		
Local Pediatrician:					
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	yes	no		
Is your child on medication? (Please specify):		yes	no		