2024 DAVIS CUP				
*Lunch included TIME: 11:00am - 3:30pm	■ Option 2 *Lunch NOT included			
Monday-Friday	TIME: 12:30 pm- 3:30 pm Monday-Friday			
Option 1 : 11am-3:30 pm \$1700.00 per week per player				
<i>Option 2:</i> 12:30-3:30 pm	*Must Commit to week* \$1400.00 per week per player *Must Commit to week*			
PLAYER INFORMATION FORM				
Player Name Birthdate	M / F Circle One			
Parent/Guardian Name				
Cell Phone Home Phone Additional Emergency Contact				
Email Address(es)	Emergency Phone			
Mailing Address City/State/Zip				
PAYMENT METHOD	SCHEDULE SELECTION			
CREDIT CARD MC / VISA / AMEX / DISC *REQUIRE CREDIT CARD NUMBER *there is a 4% convenience fee for all credit card charges VENMO Username @EHIT95 *last 4 digits of	D AS BACK UP PAYMENT JUNE EXPIRATION □ Week 1: 6/10 - 6/14 CVV □ Week 2: 6/17 - 6/21 □ Week 3: 6/24 - 6/28 JULY □ Week 4: 7/1 - 7/5			
☐ ZELLE Username 6318750781 or scott@ehit.club ☐ CHECK PAYABLE TO EHIT- send to P.O. Box 4149 Ea	□ Week 5: 7/8 - 7/12 □ Week 6: 7/15 - 7/19 □ Week 7: 7/22 - 7/26 □ Week 8: 7/29 - 8/2 AUGUST			
T74 Daniels Hole Rd 631.537.8012 ehindoortennis.com	☐ Week 9: 8/5 - 8/9 ☐ Week 10: 8/12 - 8/16 ☐ Week 11: 8/19 - 8/23			

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 EMEI	RGENCY MEDICAL TREATMENT (if stude Please complete this form. guardian, or family doctor will be made		ed or seriously ill.	
This is to certify that I, to receive emergency medical treatment.	give permission for my o	child or ward,		
Parent/Guardian Signature :		Date:		
Health Insurance I	nformation (please attach a photocopy	of insurance card)		
First Forest Control	Emergency Contact Information	Deletiene		
First Emergency Contact: Second Emergency Contact:	Phone: Phone:	Relation: Relation:	Relation:	
Local Pediatrician:	Phone:			
Is your child in good health? (If not, please provide o	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	