

2024 JUNIOR CLINICS



6 INDOOR//18 OUTDOOR//2 PICKLEBALL//3 PADEL

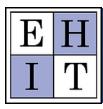
		/ /	M/F	
Player Name	Bi	irthdate	Circle One	
Parent/Guardian				
Cell Phone	Home Phone		Additional Emergency Contact	
Email Address(es)			Emergency Phone	
Mailing Address		City/State/Zip		
Credit Card #	Expiration	Sec. Code	Billing Zip Code	
	• •	•	e will be added to all credit card you would like to avoid the fee.	
mansactions, we als				
□ Venmo @EHIT95	□ Z elle <mark>6318750781</mark>	□ Check	Credit Card	
☐ Venmo @EHIT95 QuickStart {ages 3-6} Jun			□ Credit Card the USTA approved QuickStart sport courts	
□ Venmo @EHIT95	ne 17 th - Sept 2 nd *this age go	roup will be playing or		

UTR Match Play Events- Saturdays (Memorial Day (5/25) - Labor Day (8/31)) between 1:30 & 5:30 PM

Visit their website to sign up: www.utrsports.net

*Please note your child must have match play experience to sign up

Email asher@ehit.club with any questions!



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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.

Student NameDa	te						
Parent/Guardian Signature (if child is under 18)							
Parent Guardian Name [Date						
PERMISSION FOR EMERGENCY MEDICAL TREATMENT (if student is under age of 18)							
Please complete	this form.						
Every reasonable effort to reach a parent, guardian, or family doctor will be made if a child becomes injured or seriously ill.							
This is to certify that I,	give permission for my child or ward,						
to receive emergency medical treatment.							
Signature of Parent of Guardian Date							
Health Insurance Information (please attach a photocopy of insurance card)							
Emergency Contact Information							
First Emergency Contact:	Phone:	Rela	atio <u>n:</u>				
Second Emergency Contact:	_ Phon <u>e:</u>	Rela	atio <u>n:</u>				
Local Pediatrician: Phone:	Add	ress:					
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? (Pl	ease specify):	yes	no				
Is your child on medication? (Please specify):		yes	no				

LIABILITY WAVIER

ALL MEMBERS AND THEIR FAMILY (AND THEIR GUESTS, IF AND WHEN PERMITTED), BY ENTERING THE CLUB'S PROPERTY AND USING ANY OF IT'S FACITLITIES WILL BE DEEMED TO HAVE: (1) AGREED TO FOLLOW ALL APPLICABLE RULES AND PROTOCOLS REGARDING USE OF THE CLUB'S FACILITIES: AND (2) WAVIED 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.

Adult Leagues-Adult Clinics-Platform Tennis-Junior Clinics-The Clubhouse

PO Box 4149 East Hampton NY 11937 (631) 537-8012 website: www.ehindoortennis.com email: tennis@ehit.club