



FALL JUNIOR CLINIC INTEREST



PLAYER 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

Mailing Address

City/State/Zip

2024-2025 Pricing For After School Clinics

\$65 per session or \$500 for a 10 pack

You do not have to commit to 10 consecutive weeks as long as you give us at least 24 hours notice of the day you will miss. We are strict about the 24 hour cancellation policy and it still applies if your child is sick the day of.

☐ **CREDIT CARD** MC / VISA / AMEX / D|I authorize EHIT to charge the credit card below

CREDIT CARD NUMBER EXPIRATION CVV

☐ Please make this my guaranteed form of payment on

☐ **VENMO** username @ehit95 *last 4 digits of phone # 0781

☐ **ZELLE** username 6318750781 or scott@ehit.club

☐ **CHECK** payable to EHIT

☐ **CASH**

****We need a credit card # on file just to set up your account properly in our system but this does NOT have to be your preferred method of payment. ****

PREFERRED DAY/TIME

MONDAYS

- ☐ 3:30pm
☐ 4:30pm
☐ 5:30pm
☐ Other: _____

TUESDAYS

- ☐ 3:30pm
☐ 4:30pm
☐ 5:30pm
☐ Other: _____

WEDNESDAYS

- ☐ 3:30pm
☐ 4:30pm
☐ 5:30pm
☐ Other: _____

THURSDAYS

- ☐ 3:30pm
☐ 4:30pm
☐ 5:30pm
☐ Other: _____

FRIDAYS

- ☐ 3:30pm
☐ 4:30pm
☐ 5:30pm
☐ Other: _____

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 the EHIT property.

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 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.

Parent/Guardian Signature :

Date:

Health Insurance Information (please attach a photocopy of insurance card)

Emergency Contact Information

First Emergency Contact:

Phone:

Relation:

Second Emergency Contact:

Phone:

Relation:

Local Pediatrician:

Phone:

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