



2026 TEEN TENNIS



Ages 13-18

*Open to High School Levels & Tournament Players *Grouping Based on Ability*

DATES

June 16th - Sept 3rd

DAYS of WEEK

Tuesdays & Thursdays

5:30-7:30pm

PRICING

1 Session: \$130.00

10 Sessions: \$1100.00 (\$110.00 per session)

Please note: 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

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

PAYMENT METHOD

CREDIT CARD MC / VISA / AMEX / DISC

CREDIT CARD NUMBER

EXPIRATION

** 4% convenience fee w/ all credit card transactions*

CVV

VENMO

username @EHIT95 or 6318750781

ZELLE

username 6318750781 or scott@ehit.club

CHARGE TO MY ACCOUNT

CHECK PAYABLE TO EHIT

CASH

SCHEDULE SELECTION

Week 1: 6/16 & 6/18:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 2: 6/23 & 6/25:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 3: 6/30 & 7/2:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 4: 7/7 & 7/9:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 5: 7/14 & 7/16:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 6: 7/21 & 7/23:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 7: 7/28 & 7/30:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 8: 8/4 & 8/6:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 9: 8/11 & 8/13:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 10: 8/18 & 8/20:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 11: 8/25 & 8/27:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS
Week 12: 9/1 & 9/3:	<input type="checkbox"/> TUES	<input type="checkbox"/> THURS

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 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 to 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:

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