



**EASTLAKE
TENNIS** 

JUNIOR PROGRAM • SESSION 4 • 2018

MARCH 19TH - MAY 24TH, 2018 (9 WEEKS)

No registration accepted without signed waiver and payment.

Please send registration to:
Eastlake Athletic Club

3400 Henke Street, Elkhart, IN 46514

OR Fax to (574) 264-9752

OR Email ZachA@EastlakeClubs.com or JonB@EastlakeClubs.com.

For registration questions call the front desk at 574-264-0611



PLAYER DEVELOPMENT

Make Up Day: May 19th, 11am-12pm

This program is for all ages 5-10 years old that are in early-mid stages of development. Goals are to develop the love of tennis, facilitate coordination, balance and athletic ability ... and to have FUN! Players are divided by age and experience for each class and will use modified equipment to fit their size and age. →

Monday	4:30-5:30pm	ages 5-10	\$135/player
Wednesday	4:30-5:30pm	ages 5-10	\$135/player

Class Levels:
Red Ball: ages 5-8
Orange Ball: ages 7-10
Green Ball: ages 9-10

EXCEL PROGRAM

Make Up Day: May 19th, 12-1:30pm

For ages 10-14, this program expands on the skills developed in PLAYER DEVELOPMENT and progresses players to more competitive game situations for singles and doubles. We split players into groups based on ability and experience so those that haven't participated previously in PLAYER DEVELOPMENT will receive the basics and skills that were missed (**players under age 10 who would like to register for this program must be able to rally and have Director approval to register for this class**).

Tuesday	4:30-6:00pm	ages 10-14	\$203/member	\$230/non-member
Thursday	4:30-6:00pm	ages 10-14	\$203/member	\$230/non-member

COMPETITIVE HIGH SCHOOL PROGRAM

Make Up Day: May 19th, 12-2pm

This focused class prepares players for JV and varsity high school tennis teams with a strong emphasis on singles and doubles and the strategies and tactics necessary to compete.

Monday	5:30-7:30pm	ages 14-18	\$288/member	\$324/non-member
Wednesday	5:30-7:30pm	ages 14-18	\$288/member	\$324/non-member

TOURNAMENT PROGRAM

Club membership required.
Minimum 2 days required.
Director approval required.

Make Up Day: May 19th, 12-2pm

Players in this program compete regularly in USTA tournaments and are ranked in the District/Midwest/Nationally. They hold top positions on varsity tennis teams and have a year-round commitment to training on and off the court.

See Coach Jon for details on unlimited tennis option

Monday	5:30-7:30pm	Pricing Options \$576/member/2 days \$756/member/3 days \$864/member/4 days
Tuesday	4:30-6:30pm	
Wednesday	5:30-7:30pm	
Thursday	4:30-6:30pm	

MAKE UP DAY POLICY

Although we follow a policy of use it or lose it, we do offer a one-time makeup day during the session on May 19th. Advance sign-up is required for this. Any other make up must have permission from the Director.

Member Pre-Pay Discount: 1 day/week | 5%
2 day/week | 10%

Register on the back of this form!



PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Both Side of this document MUST be signed!

Please read this form carefully and be aware that by registering and participating in this program(s), or by registering your minor child/ward for participating in this program(s) you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries that you or your child/ward may sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend Eastlake Athletic Club and all of the employees and agents of Eastlake Athletic Club for any claims arising out of the participation in said programs.

RISK OF INJURY

"As a participant in the programs of Eastlake Athletic Club, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries including death, damages or loss which I may sustain as a result of participating in any and all activities or programs of Eastlake Athletic Club."

WAIVER OF INJURY CLAIMS

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities and programs of Eastlake Athletic Club."

RELEASE FROM LIABILITY

"I do hereby fully release and discharge Eastlake Athletic Club, The town of Elkhart, Concord community schools and its officers, agents, sponsors and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur."

INDEMNITY AND DEFENSE

"I agree to Indemnify, hold harmless and defend Eastlake Athletic Club and its officers, agents, and employees from any and all claims from injuries including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associate with the activities and programs of Eastlake Athletic Club. In the event of an emergency, I authorize Eastlake Athletic Club to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary or my minor child's immediate care and agree that I will be responsible for payment of any and all medial services rendered. I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement."

Parent Name(s)

Date

Address (Street/City/ST/Zip)

Primary Phone

Secondary Phone

Cell Phone: Will receive text Y/N

Email Address

Session 4 • 2018 **(Circle one)**

Level: Player Development • Excel • Competitive
• Tournament

Emergency Contact Phone

Player Name

of Days/Week: _____ x \$ _____ = _____

Player Date of Birth

Days Attending Each Week: **(Circle selected days)**

Mondays, Tuesdays, Wednesdays and/or Thursdays

Player Gender

Multi-Day/Week 10% Discount: \$ _____

Total \$ Due with Registration: _____

I have read and agreed with the terms and conditions on the liability waiver

Signature Required

Payment Information

Check Enclosed

Credit Card #

Exp. Date

Authorized Signature

Registration may be mailed, faxed or delivered w/ payment

Medical Concerns (please list any limitations, allergies, medications, or additional conditions which may affect participation)

The Applicant, by completing and submitting this form to Eastlake Athletic Clubs, acknowledges, accepts and authorizes email marketing to the Applicant from Eastlake Athletic Clubs. The Applicant may revoke acceptance by sending written notification to admin@eastlakeclubs.com.

****Please ensure the completion of this form (FRONT AND BACK). Both liability waivers MUST be signed. We hope you enjoy your Eastlake experience!***



**PHOTOGRAPHY/VIDEO RELEASE FOR
EASTLAKE ATHLETIC CLUB/EASTLAKE TENNIS**

Both Side of this document MUST be signed!

Player's Name _____

I, the undersigned, have been informed and understand that Eastlake Athletic Club/Eastlake Tennis will be producing photographs, videos, films, audio or other media and that my name, likeness, image, voice, appearance and/or performance is being photographed and/or recorded and may or may not be made part of any of Eastlake Athletic Club/Eastlake Tennis production, current or future.

I hereby consent that the photographs, video, film, or audio of me or any reproductions thereof taken by Eastlake Athletic Club/ Eastlake Tennis, or its assigned vendors, may be used by Eastlake Athletic Club/Eastlake Tennis, or its assigns, without time constraints, for the purpose of illustration, catalog, website, television, promotion, advertising or publication in any manner and in any media now known or later developed.

I understand that I will not have any interest or ownership in Eastlake Athletic Club/Eastlake Tennis production and that I will not receive any compensation from Eastlake Athletic Club/Eastlake Tennis for the use of my name, likeness, image, voice, appearance, and/or performance. I understand and agree that these materials will become the property of Premier Sports Camps, Inc. and will not be returned.

I hereby hold harmless and release and forever discharge Eastlake Athletic Club/Eastlake Tennis from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature and Date

Printed Name and Date

***** If the person signing is under age 21, there must be consent by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature and Date

Parent/Guardian Printed Name and Date

Both Sides of this document MUST be signed!