

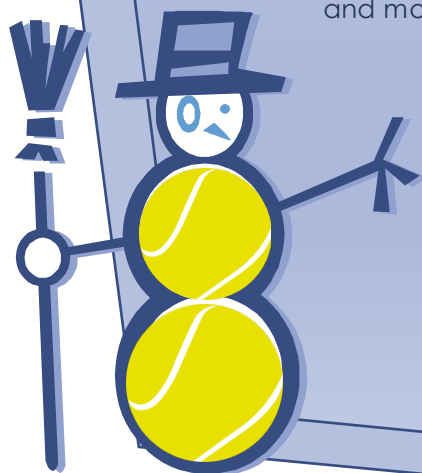


Holiday Junior Tennis Camps

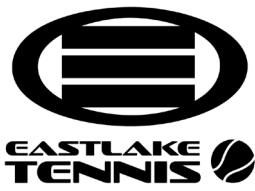
Camp I: December 27-29, 2017
Camp II: January 2-4, 2018

Excel, 9am-12pm
Competitive High School \$39/Day or
& Tournament Programs: \$90/Camp

Keep the tennis going through Break! Register through our new system with the **MindBody app** on your Smartphone or at the front desk. Payment is required when registering. Minimum of 6 needed to run. Come experience drills, games, off court activities, match play, and more! Email Jon at jonb@eastlakeclubs with questions!



Get the
MindBody
app in your
App Store!



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

HOLIDAY CAMP • 2017 **(Circle one)**

Emergency Contact Phone

Circle Level: Excel • Competitive Level 1 **OR** Competitive Level 2 • Tournament

Player Name

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

Player Date of Birth

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

Player Gender

December 27, 28 and/or 29

January 2, 3 and/or 4

Total \$ Due with Registration: _____

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

Payment Information

Check Enclosed

Signature Required

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!