

JUNIOR PROGRAM • SUMMER 2017

JUNE 6TH - JULY 27TH, 2017 (8 WEEKS)

Registration opens May 1st! Space is Limited! Payment due with registration.

## 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

\*Make-ups for missed classes must be pre-approved by the Director for that particular class on a case-by-case basis.

## PLAYER DEVELOPMENT

This program is for all ages 4-10 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.

All classes will be held indoors at Eastlake Athletic Club on air-conditioned courts!

Tuesday, Wednesday, Thursday 11am-12pm Daily: \$15 Weekly: \$36 (\$24/Week of July 4th)

## **EXCEL PROGRAM**

For ages 11-14, 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.

All classes will be held indoors at Eastlake Athletic Club on air-conditioned courts!

Tuesday, Wednesday, Thursday 12pm-1:30pm Daily: \$24 Weekly: \$54 (\$36/Week of July 4th)

## **COMPETITIVE PROGRAM**

All high school players welcome - including incoming freshman! This class prepares players to try-out for a high school tennis team with strong emphasis on singles and doubles and the strategies and tactics necessary to accomplish this. *All classes will be held* 

OUTDOORS at Northridge HS tennis courts for best tournament prep! If inclement weather, we will move indoors to Eastlake Athletic Club.

Tuesday, Wednesday, Thursday 2pm-4pm Daily: \$32 Weekly: \$72 (\$48/Week of July 4th)

Join us
at some of the very
BEST OUTDOOR COURTS
in the area at Northridge HS!
It is a QUICK and EASY drive!
13 Miles from Concord Mall
14 Miles from
Northside Gym in Elkhart
17 Miles from
SR 19 Exit/20 Bypass

## TOURNAMENT PLAYER

Players in this program compete regularly in USTA tournaments, play a Varsity or high JV position on their HS tennis team and have a higher level of year-round committment to training on and off the court in preparation for competing. Fitness option available: See Coach Jon for details. All classes will be held OUTDOORS at Northridge HS tennis courts for best tournament prep! If inclement weather, we will move indoors to Eastlake Athletic Club.

Tuesday, Wednesday, Thursday 2pm-4pm Daily: \$32 Weekly: \$72 (\$48/Week of July 4th)

Go to
www.rainedout.com
and register your cell # for
text messages in the event
there is questionable weather
info for COMPETITIVE AND
TOURNAMENT
PROGRAMS. Search:
Eastlake Athletic
Club Tennis



Week 1: June 6, 7, 8 Week 2: June 13, 14, Week 3: June 20, 21, 22 Week 4: June 27, 28, 29 Week 5: July 5, 6 Week 6: July 11, 12, 13 Week 7: July 18, 19, 20 Week 8: July 25, 26, 27









### 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

Parent Name(s)

"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."

Date

Address (Street/City/ST/Zip)	Primary Phone
Secondary Phone	Cell Phone: Will receive text Y/N
Email Address	Level: Player Development/Excel/Competitive/Tournament (circle one)
Emergency Contact Phone	Week 1: June 6, 7, 8 Week 5: July 5, 6
Player Name	Week 2: June 13, 14, 15 Week 6: July 11, 12, 13 Week 3: June 20, 21, 22 Week 7: July 18, 19, 20
Player Date of Birth	Week 4: June 27, 28, 29 Week 8: July 25, 26, 27 (circle weeks or individual days your player will attend)
Player Gender	# of Weeks/Weekly Rate:@ \$=
	# of Individual Days/Daily Rate:@ \$ =
	Total \$ Due with Registration:
I have read and agreed with the terms and conditions on the liability waiver	Payment Information  House Charge Check Enclosed
Signature Required	Credit Card #
Medical Concerns (please list any limitations, allergies, medications, or additional conditions which may affect participation)	Exp. Date  Authorized Signature  Registration may be mailed, faxed or delivered w/ payment
	to the second of payment

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 At videos, films, audio or other media and that my name, likeness, image, v and/or recorded and may or may not be made part of any of Eastlake At	oice, appearance and/or performance is being photographed
I hereby consent that the photographs, video, film, or audio of me or any Eastlake Tennis, or its assigned vendors, may be used by Eastlake Athle constraints, for the purpose of illustration, catalog, website, television, primedia now known or later developed.	tic Club/Eastlake Tennis, or its assigns, without time
I understand that I will not have any interest or ownership in Eastlake Athreceive any compensation from Eastlake Athletic Club/Eastlake Tennis for and/or performance. I understand and agree that these materials will be be returned.	or the use of my name, likeness, image, voice, appearance,
I hereby hold harmless and release and forever discharge Eastlake Athle causes of action which I, my heirs, representatives, executors, administration 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 b	
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 per	rson.
Parent/Guardian Signature and Date	
Parent/Guardian Printed Name and Date	

Both Sides of this document MUST be signed!