



Magic Lincer Tennis Academy Summer Program Registration

Player Name: _____ Birth Date: _____ Facility: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Secondary Phone: _____ Email: _____

Medical Concerns/Allergies: _____

Please circle your weeks of choice and half or full day:

Week 1: June 17 - June 21	H / F	Week 6: July 22 - July 26	H / F
Week 2: June 24 - June 28	H / F	Week 7: July 29 - Aug 2	H / F
Week 3: July 1-3, July 5 (F = \$400, H = \$280)	H / F	Week 8: Aug 5 - Aug 9	H / F
Week 4: July 8 - July 12	H / F	Week 9: Aug 12 - Aug 16	H / F
Week 5: July 15 - July 19	H / F	Week 10: Aug 19 - Aug 23	H / F

In consideration of the benefits expected to be derived from the admission of your child or children to the Magic Lincer Tennis Club of Manchester (MLTC) and/or the Magic Lincer Tennis Academy (MLTA), we hereby release and forever discharge the said MLTC/MLTA, its servants and agents, members and participating parents of and from any and all actions, causes of action, claims and demands whatsoever in any way arising out of injury or illness of our child or children or loss of or damage to property occurring during or as a result of anything done or left undone by MLTC/MLTA or any of the other persons hereby released in connection with the operation of MLTC/MLTA or anything arranged by it to take place outside of its training premises. We hereby give consent for our child to be taken on trips relating to tennis tournaments. We hereby give consent for our child to take part in physical tests. If at any time, due to circumstances of an accident or sudden illness and medical treatment in the case of an emergency situation where parents cannot be reached. It is understood that every effort will be made to contact the parents. This also allows MLTC/MLTA to use any pictures of our children for display on boards and website. In witness whereof we have here unto set our hands and seals at the locations of 404 West Center Street, Manchester CT and 109 Pierson Lane, Windsor CT this ____ day of _____, 2019.

Parent/Guardian Signature _____

Payment Type: _____ Payment Amount: _____ Date: _____