



Magic Lincer Tennis Academy and Magic Lincer Tennis Club of Manchester
Summer Program Registration

Player Name: _____ Birth Date: _____ Facility: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____ Medical Concerns/Allergies: _____

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

Week 1: June 21 - June 25	H / F	Week 6: July 26 - July 30	H / F
Week 2: June 28 - July 2	H / F	Week 7: Aug 2-Aug 6	H / F
Week 3: July 6 - July 9 (F = \$415, H = \$310)	H / F	Week 8: Aug 9 - Aug 13	H / F
Week 4: July 12 - July 16	H / F	Week 9: Aug 16 - Aug 20	H / F
Week 5: July 19 - July 23	H / F	Week 10: Aug 23 - Aug 27	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 whosoever in any way arising out of injury or illness, including COVID-19 and variants thereof, 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 _____, 2021.

Parent/Guardian Signature _____

Payment Type: _____ Payment Amount: _____ Date: _____