

Next Generation Tennis Academy



at Longwood Athletic Club, Sarasota, Florida

2022 SUMMER REGISTRATION

Students Name - _____

All payments must be received prior to participating in any program.
For **Ages 8** and above. **Must** be approved by Academy Director.

DATES	5 Mornings & 5 Afternoons mon - fri 9:00-11:45am & 1:30-3:30pm \$690 WEEK \$2,575/4 WEEKS*	5 Mornings & 3 Afternoons mon, wed, fri 9:00-11:45am & 1:30-3:30pm \$565 WEEK \$2,105/ 4 WEEKS*	3 Mornings & 3 Afternoons mon, wed, fri 9:00-11:45am & 1:30-3:30pm \$430 WEEK \$1,585/ 4 WEEKS*	3 AM or PM mon, wed, fri \$245/wk \$875/ 4 WEEKS*		AMOUNT
				OR 5 AM or PM mon - fri \$375/ WEEK \$1,340/ 4 WEEKS*		
WEEK 1 (JUNE 1-3)			WED, THUR, FRI \$	WED, THUR, FRI \$	AM PM	\$
WEEK 2 (JUNE 6-10)	\$	\$	\$	\$	AM PM	\$
WEEK 3 (JUNE 13-17)	\$	\$	\$	\$	AM PM	\$
WEEK 4 (JUNE 20-JUN 24)	\$	\$	\$	\$	AM PM	\$
WEEK 5 (JUNE 27 -JULY 1)	\$	\$	\$	\$	AM PM	\$
WEEK 6 (JULY 5-8)	\$	\$	\$	\$	AM PM	\$
WEEK 7 (JULY 11-15)	\$	\$	\$	\$	AM PM	\$
WEEK 8 (JULY 18-22)	\$	\$	\$	\$	AM PM	\$
WEEK 9 (JUL 25 – JULY 29)	\$	\$	\$	\$	AM PM	\$
WEEK 10 (AUGUST 1-5)	\$	\$	\$	\$	AM PM	\$
WEEK 11 (AUGUST 8-12)	\$	\$	\$	\$	AM PM	\$
4 Weeks pricing is valid for prepaid consecutive weeks, otherwise weekly rate applies. PLEASE MAKE CHECKS PAYABLE TO NEXT GENERATION TENNIS ACADEMY				Total Due		\$

CANCELLATIONS - All cancellations must be submitted in writing to Next Generation Tennis Academy. A full refund less 25% service charge (based on the total pre-paid fees) will be given for cancellations received at least fourteen (14) days in advance of the first day of the registered camp session. All cancellations received less than fourteen (14) days in advance of the first day of the registered camp session will result in forfeiture of all pre-paid fees. _____ initial

POLICIES - Students may participate when: 1. Registration and medical release forms have been completed and signed. For students under 18, forms must be signed by a parent or legal guardian. 2. They have signed in on the sign-in sheet before each program session. 3. Payment has been received. 4. Rates are prepaid commitments and are not prorated for missed days. Selected days and times cannot be swapped for different days and times during the week/month. **No make up days.** 5. Camp is not cancelled due to rain. The program will occur at the regular scheduled times and will consist of age appropriate activities for tennis players. **No make up days.** 6. Policies are not negotiable. 7. Students who engage in illegal activity, disrupt others or the community, and do not follow rules set by Next Generation Tennis Academy, LLC and the facility at which the academy is using will be dismissed from the program immediately. Students dismissed from the program will forfeit all or any portion of fees paid to Next Generation Tennis Academy, LLC for failure to comply. _____ initial.



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at Longwood Athletic Club, Sarasota, Florida

DATE ____/____/2022

STUDENT INFORMATION

Name _____ DOB _____ Age _____

Address _____ City _____

State _____ Zip _____ Hm# _____ C# _____

CURRENT RANK - State _____ National _____ ITF Junior _____ ITF Circuit _____ Tour _____

Father (or guardian) _____ Mother (or guardian) _____

Address _____ Address _____

State _____ Zip _____ Hm # _____ State _____ Zip _____ Hm# _____

W# _____ C# _____ W# _____ C# _____

Email _____ Email _____

Emergency Contact _____ Hm# _____ C# _____

Emergency Contact _____ Hm# _____ C# _____

Child's Doctor _____ Doctor's Ph# _____

Does your child have any special physical (allergies) or emotional problems? _____

Do we have permission to contact the doctor in an emergency? Yes No

Do we have permission to take your child to a hospital emergency room? Yes No

MEDICAL INSURANCE: _____ Policy Holder's Name: _____

Policy #: _____ Exp Date: _____ SIGNATURE _____ DATE _____

Please submit a copy of the front and back of the insurance card with registration.

WAIVER of LIABILITY

By signing below I agree that I am the parent or legal guardian of the above student or that I am the responsible party. I further acknowledge and agree that there are certain inherent dangers while traveling, participating in tournaments, training and playing the sport of tennis. Next Generation Tennis Academy, LLC and Longwood Athletic Club, LLC shall not be liable for any personal injuries, property damage, or loss sustained by me or my child during participation in Next Generation Tennis Academy, LLC programs or while on the premises of Longwood Athletic Club, whether or not said personal injuries, property damage, or loss sustained by the undersigned is the result of the negligence of the owners, agents, or employees of Next Generation Tennis Academy, LLC or the negligence of any other persons present on Longwood Athletic Club premises. These conditions apply individually and/or jointly with other players, player's children or guests of players. Next Generation Tennis Academy, LLC does not carry medical insurance for its students. It is required that all tennis students be covered by their own family health insurance policies, and if injury occurs, it is understood that the student's own policy is your only source of reimbursement. I/We hereby release Next Generation Tennis Academy, LLC and Longwood Athletic Club, LLC and all of its principals, officers, director, employees and agents from any and all liability that I/we may have against Next Generation Tennis Academy, LLC and Longwood Athletic Club, LLC. I hereby authorize the use of my child's name and likeness to be used on any/all promotional/advertising material for Next generation Tennis Academy, LLC. Promotional/advertising materials may include but are not limited to website, brochure and press releases.

Legal Guardian Signature _____ Print Name _____ Date _____

TRANSPORTATION RELEASE (minors only)

I hereby give consent to **Next Generation Tennis Academy** and its representatives to transport my child by motor vehicle when necessary. Permission is granted for 06/01/2022 to 08/31/2022

I do not give permission for **Next Generation Tennis Academy** or its representatives to transport my child at any time.

Signature _____ Date _____

