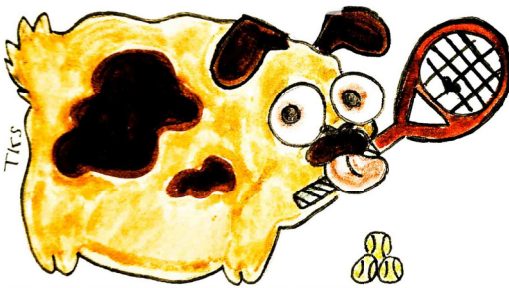


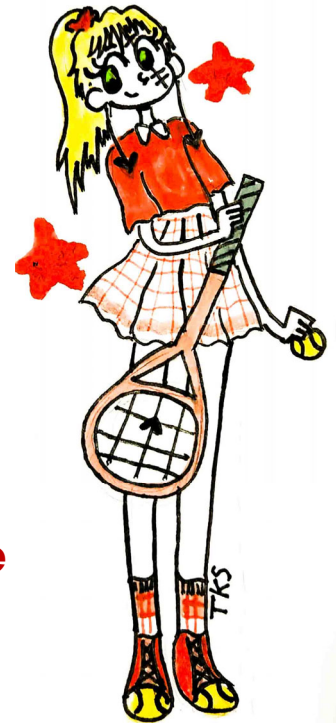
# *Junior Beginner*

## *TENNIS CLINICS*

*Every Saturday 10:30-11:30am*



**SOUTHAMPTON**  
RACQUET AND SWIM CLUB



**\$60 per month billed in advance**

**Billed In Advance**

The junior beginner clinics are for younger kids new to the game of tennis. Through drills and games the coaches will focus on the fundamentals, stroke technique, footwork, and scoring, but with a big emphasis on FUN! These clinics are now billed monthly from the 15th through the 14 of each month and pricing is \$60 per month, billed in advance.



# Jr. Beginner Clinics

## REGISTRATION FORM

Parents Full Name:

Child(ren) Full Names"

Full Address

Best Cell Contact:

Best Email Contact:

Child(ren) Age(s)



**TEAM  
ESO  
VAMOS  
TENNIS  
ACADEMY**



***No drop-ins permitted. Full monthly session participation only. No credits for missed classes. Class will not be prorated for partial session participants. 24 hour cancelation policy does not apply.***

**Medical Problems if Applicable:**

### Liability Release

The undersigned assumes all risk and responsibility associated with use of The Southampton Club. Assumption of risk also applies to any guests of the undersigned, including but not limited to, the undersigned's immediate family and guests of the undersigned. And further agrees to hold the club, its agents, and employees free and harmless from damages or liability including, but not limited to attorney fees, and costs of any injury to a person or property. Such risk include, physical injury when using the facilities, loss, damage, or theft of the property, including property in the parking lot or the locker rooms, or property left anywhere else at the clubs facilities. The club is not and shall not be responsible for any property lost or property damage by the undersigned, or his/her family or guest on or off the club premises while participating in any club activity, even if such loss is caused by the acts or omissions of other members, staff, or any other person whatsoever.

In case of accident or other emergency, personnel of The Southampton Club and their agents are hereby authorized to secure medical care for the undersigned, deemed necessary as a result of accident of injury from participation in or in connection with activity named above. The undersigned agrees to pay any and all cost incurred as a result of such treatments.

Parent Signature X\_\_\_\_\_