

EHIT Junior Academy

Registration Form

Use additional sheets for multiple clinics

Programs

(Check One)

Sessions Price Bill Date

Davis Cup (11-3:30) _____ / _____ / _____

Davis Cup (12:30-3:30) _____ / _____ / _____

Davis Cup Morning (9:30-11)
(# of Weeks) _____ / _____ / _____

Weeks Price Bill Date

High Performance Clinic _____ / _____ / _____

Summer Warm up _____ / _____ / _____

JUNE

Sun	M	T	W	TH	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

JULY

Sun	M	T	W	TH	Fri	Sat
31					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

AUGUST

Sun	M	T	W	TH	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

EAST HAMPTON INDOOR TENNIS

8 INDOOR COURTS / 20 OUTDOOR COURTS

Player Information

Last Name _____ First Name _____

Parents _____ Age _____ Male Female

Contacts #'s (Winter) _____ (Summer) _____

(Business) _____ (Cell) _____

E-mail Address _____

Billing Address:

Waiver: I give permission to allow my child to travel with an employee of EHIT to EHIT/Davis Cup matches and field trips and Transportation to and from home.

Parent Signature

Mastercard Visa American Express Check# _____

CC# _____ Exp. Date ____ / ____

Acceptance of the prescribed terms releases East Hampton Indoor Tennis Club, LLC, its staff and management from any and all responsibilities for bodily injury, property damage, or theft of personal property while on premises of East Hampton Indoor Tennis Club, LLC or its affiliate clubs. These conditions apply individually and/or jointly with other members, member's children, and guests of members.

Signature _____ Date ____ / ____