



TENNIS CENTER AT COLLEGE PARK

5200 Paint Branch Parkway College Park, MD 20740
 P 301-779-8000 F 301-779-8120

TENNIS SUMMER CAMP 2009

Registration Form (One form per student)

| | | | |
|----------------|------------|--------------------------------|----------------|
| Last Name | First Name | Home Phone | Work Phone |
| Street Address | | City | State/Zip Code |
| Email | | Emergency Contact Name & Phone | |

| Future Stars Camp | All Stars Camp | Young Aces Camp | ATT Camp | Before and After Care |
|--|--|--|--|--------------------------------------|
| Check correct box | Check correct box | Check correct box | Check correct box | Circle all days that apply |
| Full Day 9am-3pm <input type="radio"/> | Full Day 9am-3pm <input type="radio"/> | Full Day 9am-3pm <input type="radio"/> | Full Day 9am-3pm <input type="radio"/> | Before Care After Care |
| Half Day 9am-12pm <input type="radio"/> | Half Day 9am-12pm <input type="radio"/> | Half Day 9am-12pm <input type="radio"/> | Half Day 9am-12pm <input type="radio"/> | Mon Mon |
| | | | | Tues Tues |
| | | | | Wed Wed |
| | | | | Thurs Thurs |
| | | | | Fri Fri |

2009 Tennis Summer Camp: June 22 - August 28

Date of Enrollment: _____

T-Shirt Size: YM / Adult S / M / L

I will attend camp (Please circle the relevant week/s)

| | | | |
|---------------------------|---------------------------|--------------------------|--------------------------|
| | Week 1: June 22 - June 26 | Week 2: June 29 - July 3 | Week 3: July 6 - July 10 |
| Week 4: July 13 - July 17 | Week 5: July 20 - 24 | Week 6: July 27 - 31 | Week 7: Aug 3 - Aug 7 |
| Week 8: Aug 10 - Aug 14 | Week 9: August 17 - 21 | Week 10: August 24 - 28 | |

of Weeks: _____

DISCOUNTS

Multiple-Week Discount

- 10% discount applied to campers who enroll for 5-9 weeks of camp
- 19% discount applied to campers who enroll for 10 weeks of camp

Sibling Discount

- 10% discount applied to each camper when enrolling

X Weekly Rate: \$ _____

X Multiple-Week Discount: % _____

X Sibling Discount: % _____

SUBTOTAL: \$ _____

+ Before/After Care: \$ _____

TOTAL DUE: \$ _____

Parent/Guardian Contact & Billing Information

| | | | |
|-----------------------|------------|------------|----------------|
| Last Name | First Name | Home Phone | Work Phone |
| Street Address | | City | State/Zip Code |
| Relationship to Child | | | |

Cancellations & Withdrawals Policy: Cancellations, withdrawals from or changes to a registered session must be made in writing and must be received by the TCCP Accounting Office (Erik Thompson) prior to the start of the program session. Cancellations and withdrawals are subject to a \$50.00 service charge.

Behavior Policy: Any student who behaves in a disruptive manner and/or a manner that limits the other students' enjoyment or learning will be subject to expulsion without refund. During junior clinics, parents are asked to remain quietly in the viewing areas and are not to come onto the courts.

Waiver: I, on behalf of myself, my heirs, executors and administrators do fully and forever release and discharge the Tennis Center at College Park, the Junior Tennis Champions Center, Maryland National Capital Park & Planning Commission and/or its owners, shareholders, directors, employees, agents or affiliates (collectively "Center Affiliates") from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my or my dependents' use of or attendance at the Center and/or the Center Affiliates. Further, I release and discharge the Center and the Center Affiliates from any and all liability for any personal injury and any loss, theft of or damage to personal property, including without limitation automobiles and the contents of lockers.

Payment Authorization Agreement:

Cash _____ Check _____

Credit card: Amex _____ Master Card _____ Visa _____ Discover _____

Name on Card: _____ Card Number: _____ Exp Date: _____

I have enrolled myself /my dependent in a TCCP tennis program and accept full responsibility for all fees and expenses associated with the program. I hereby authorize the TCCP to process payment by drafting my credit card account as agreed to above. It is my responsibility to ensure that the payment information listed above is current and valid. I agree to pay a \$20 service charge, which will be added to my next payment, if the credit card company, for any reason, does not process a payment. This service charge can be charged at management's discretion. I/my dependent may not participate in the program until full payment has been received. Should I/my dependent withdraw from the program, I will be billed until the TCCP receives seven (7) days written notice. **I agree with all the terms included in this contract.**

Signature _____ Date _____