

2023 SUMMER TENNIS AND SWIM REGISTRATION FORM

Step 1: Player Information

Player 's First name_____

Last name_____

Age_____ Phone No._____

Email Address_____

Step 2: Schedule

9-11 Tennis

11-12 Swim

Bring: Tennis Racquet, Water, Sun Screen, Swim Suit and Towel and Snack.

Cost:

\$180/week

\$20 off additional siblings

Scott Jenkin USPTA Elite Pro
Springfieldclubtennis@gmail.com
704-770-8326

Select Weeks(circle)

June 12-15 June 19-22

July 17-20 July 24-27

Step 4: Payment/ Summary

Total Payment_____

Please submit this application and payment to

Venmo @scott-jenkin

Email:Springfieldclubtennis@gmail.com

Checks Payable to: ATS

Mail to: Attn: Scott Jenkin

2690 Landing Dr,

Lake Wylie, SC

29710

Step 5 : Responsible Party Signature

Upon entrance into the *Springfield Junior Tennis Program*, I hereby waive and release ATS, and the coaching staff (including officers, officials, coaches, trainers, fitness personnel, and counselors) from all claims, liabilities and demands of every kind, nature and description which may be suffered or sustained in connection with activities during the camp/ academy and any period traveling to and from the same location.

Date:_____

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Step 6: Emergency Contact

I understand that whoever completes the registration form for this child will be held responsible for all payments made regarding the ATS. Also, no party, other than those listed in the proceeding pages as “Responsible Party” will be permitted to alter any information on this registration packet including, among other things, the authorization of any party signing out this child. Any changes need to be made in writing and submitted directly to the academy office personnel by the “Responsible Party.”

Parent or Guardian _____

Employer _____

Work No _____.

Home No. _____

Please list others you authorize to pick up your child (children) from the Springfield tennis camp.

Name Cell No.

Name Cell No.

Name Cell No.

Step 7: Photo/ Video Release

I hereby give my full permission for the use of my name, picture, image, likeness, actions, voice, video footage that I am featured in, and other personally identifiable information, in whole or in part, individually or in conjunction with other images or videos, as part of the Springfield Fall Tennis Program.

I waive all rights of privacy or compensation, which I may have in connection with such use of my picture, image, lines, actions, voice, video footage I am featured in, and other personally identifiable information.

I grant Ashburn Tennis Service and its officials, employees, representatives, agents, licensees, and assignees, the irrevocable and unrestricted right to use my name, picture image, lines, actions, voice, and other personally identifiable information associated with such video submission in all formats, media, and in all manners, including composite or alter representations for advertising, trade or any other lawful purposes.

I waive any right to inspect or approve the finished version(s), including the written copy that may be created in connection with the video production, editing and promotion therewith.

Date:

Parent or Legal Guardian Signature: