

ORLANDO

TENNIS ACADEMY®

AT WINDERMERE PREP

REGISTRATION FORM – Winter Program – October 22nd 2018 – January 20th 2019 (10 weeks)

Student Name: _____ Grade: _____ M F Homeroom Teacher: _____

Parent and/ or Guardian: _____ Cell Phone: _____ Home Phone: _____

Email: _____ Cell Phone Provider: (ie. AT&T, sprint) _____ (VERY IMPORTANT)

Check payable to WPS, return with form to WPS main office or mail to The Tennis Academy, 6189 Winter Garden-Vineland Road, Windermere, FL 34786

<input type="checkbox"/>	PE TENNIS: # of times per week (Please circle) 1 2 3 4 5 pricing based on 1 per wk. High School PE Tennis participants can receive a 0.5 PE credit if they participate in PE tennis for a minimum of 60 hrs. per semester	FEE: \$225 (pk4-5 th) (10 weeks) \$275 (6 th -12 th) (10 weeks)
	GROUPS: (Please tick) (PreK3) Tiny Tots Tuesday 12.30-1.00pm (10 weeks) <input type="checkbox"/> Thursday 12.30-1.00pm (9 weeks) <input type="checkbox"/> (no class Nov. 29 th) (PK4/K/1 st) Munchkins Monday 3.30-4.15pm (9 weeks) <input type="checkbox"/> Saturday 10-11am (10 weeks) <input type="checkbox"/> (no class Monday January 7 th) 2 nd - 5 th Lower School Tennis Club Wednesday 3.00-4.00pm (9 weeks) <input type="checkbox"/> Saturday 11am-12pm (10 weeks) <input type="checkbox"/> (recreational) (no class Nov. 28 th) 6 th – 8 th Middle School Tennis Club Wednesday 3.00-4.00pm (9 weeks) <input type="checkbox"/> Friday 3.15-4.15pm (8 weeks) <input type="checkbox"/> (recreational) (no class Nov. 28 th) (no class Nov. 30 th , Jan. 18 th) 9 th -12 th High School Tennis Club Wednesday 3.00-4.00pm (9 weeks) <input type="checkbox"/> Friday 3.15-4.15pm (7 weeks) <input type="checkbox"/> (recreational) (no class Nov. 28 th) (no class Nov. 30 th , Dec. 21 st , Jan. 18 th)	FEE: PK3 Tues. \$225 (10 weeks) Thurs. \$202.50 (9 weeks) Tues. & Thurs. \$427.50 PK4-1st Mon. \$180 (45mins) (9 weeks) Sat. \$225 (1 hr.) (10 weeks) Mon. & Sat. \$405 2nd-5th grd. Weds. \$202.50 (9 wks.) Sat. \$225.00 (10 wks.) Weds. & Sat. \$427.50 6th- 8th & 9th - 12th grade Weds. \$202.50 (9 wks.) Fri. \$180.00 (8 wks.) Weds. & Fri. \$382.50
	PRIVATE: (1 hour) Please circle best day/s M T W Th F Sat. Sun.	FEE: \$65-\$70 (see program guide)
	SPARRING: (1 hour) Please circle best day/s M T W Th F Sat. Sun.	FEE: \$65-\$70 (see program guide)
<input type="checkbox"/>	SEMI-PRIVATE: (1 hour) Please circle best day/s M T W Th F Sat. Sun.	FEE: \$75-\$80 (divided between # of players) see program guide
<input type="checkbox"/>	LADIES TENNIS: Monday Open Ladies Clinic (no class Jan. 7 th) 8.45-10.15am (9 weeks) <input type="checkbox"/> Friday Lady Lakers Team Clinic (no class Nov. 30 th , Dec. 21 st , Jan. 18 th) 8.30-10.00am (7 weeks) <input type="checkbox"/>	FEE: Mon. \$303.75 (9 weeks) Fri. \$236.25 (7 weeks)
Please note we require a minimum of 24 hours notice for cancelations to receive a make-up lesson.		Total:

PLEASE COMPLETE REGISTRATION AND CONSENT INFO WHICH CAN BE FOUND ON THE REVERSE SIDE OF THIS FORM

For elite registrations and information please see www.elitetennisusa.com Questions- 407 928 6666 info@thetennisteam.com



CONSENT AND LIABILITY FORM

- A. I hereby give consent for my child (ren) to participate in The Tennis Academy/Elite Tennis USA tennis training at Windermere Preparatory School and Orlando Tennis Center.
- B. I know and acknowledge the risks involved in WPS Tennis Academy/Elite Tennis USA participation, understanding that injury is possible in such participation and choose to accept any and all responsibility for his/her own safety and welfare while participating in any tennis related activity. I release and hold harmless WPS / WPS staff/ The Tennis Team LLC instructors/ volunteers of any responsibility and liability for any injury or claim resulting from such activity and agree to take no legal action against WPS or WPS staff/ instructors/ volunteers because of any accident or mishap involving participation in tennis related activities of my son/daughter including transportation.
- C. I authorize emergency medical treatment for my child (ren) should the need arise for such treatment while my child (ren) is under the supervision of the tennis instructors. I understand that if medical care is provided by a physician and/or hospital, these expenses will be my responsibility.
- D. I understand if my child's behavior is repeatedly disruptive or disrespectful, he/she will be dismissed without refund.
- E. I grant WPS the right to photograph, videotape and otherwise record and use my child's name and face in connection with publicity, advertising, and promotional materials without reservation or limitations whether now or hereafter developed.
- F. By signing this form you agree that we can utilize your agreement for future programs.

Parental/Guardian Consent, Acknowledgement, and Release (to be signed by parent/guardian).

Sign Here..... Date.....

Emergency Contact: _____ Cell Phone: _____

Names and phone # of authorized adults to pick up your child.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____