



New Rochelle Racquet Club at Flint Park Tennis Camp

7/3-8/3 3-4 p.m.

NRRC
130 Rhodes St,
New Rochelle, NY
10801

PLAYER INFORMATION PLEASE PRINT CLEARLY

Male Female

Last Name First Name Gender

Email Address - Required Legal Guardian Level of Play

Address City State Zip

Home Phone Business Phone Cell Phone

Group Lessons, 6:1 Max 3-4pm	Circle Days Attending	Drop-in Cost	Full Week	Semi-Private	Private	Total
<input type="checkbox"/> Week 1 7/3-7/6	M Wed Thu	\$25	\$67.50	\$50 per hour per player	\$90 per hour	
<input type="checkbox"/> Week 2 7/10-7/13	M Tu Wed Thu	\$25	\$90	\$50 per hour per player	\$90 per hour	
<input type="checkbox"/> Week 3 7/17-7/20	M Tu Wed Thu	\$25	\$90	\$50 per hour per player	\$90 per hour	
<input type="checkbox"/> Week 4 7/24-7/27	M Tu Wed Thu	\$25	\$90	\$50 per hour per player	\$90 per hour	
<input type="checkbox"/> Week 5 7/31-8/3	M Tu Wed Thu	\$25	\$90	\$50 per hour per player	\$90 per hour	

To Enroll: Send completed application with FULL PAYMENT . 24 hour notice is required to enroll in any program -
Contact Dean @ dean@nrcc.us

I hereby give consent to allow a NRRC representative to escort my child from the Flint Park Camp to the tennis courts. Make ups for group lessons will only be given in a rain out. A lesson will be considered a rain out if less than half the lesson is completed. Private/semi-privates will have the missing portion made up in the event of a rain out.

Parent/Guardian X _____

PAYMENT INFORMATION

Check payment enclosed in the amount of: \$ _____ Please charge my credit card in the amount of: \$ _____

MasterCard VISA AMEX Discover

Exp. Date

Billing Zip Code

Name on Card: _____

As parent of the applicant, I hereby give permission for my child to participate in the program and agree to comply with all regulations as stated on this application and hereby remove the NRRC from any liability for any injuries incurred while involved in this program. If my child cancels out of the program for any reason, I am liable for the full session cost. Refunds will be given on a pro-rated basis if the vacant spot(s) can be sold. A doctor's note is required for medical withdrawal for program credit only.

I give permission and consent for photographs to be taken of my child during this session. I further give permission and consent that any such photographs may be published and used by New Rochelle Racquet Club to illustrate and promote the Youth Tennis Program. I decline!