



EXTENDED DAY SUMMER TENNIS

1 PM – 3 PM

AGES 4-8



1 PM – 3 PM
EXTENDED DAY SUMMER TENNIS

Child's Name: _____

Home Phone: _____

Address: _____

Birth Date: _____

Age: _____ Sex _____

Parent or Guardian _____

Cell Phone: _____

Email: _____

Business Phone: _____

Emergency Contact & Phone: _____

LUNCH IS NOT INCLUDED WITH OUR TENNIS PROGRAM BUT CAN BE PURCHASED AT MARGOT'S CAFÉ

1 PM - 3 PM AGES 4-8 \$275 PER WEEK

SESSION 1	<input type="checkbox"/> JUNE 7-11	<input type="checkbox"/> SESSION 6	JULY 12-16
SESSION 2	<input type="checkbox"/> JUNE 14- 18	<input type="checkbox"/> SESSION 7	JULY 19 -23
SESSION 3	<input type="checkbox"/> JUNE 21-25	<input type="checkbox"/> SESSION 8	JULY 26 – 30
SESSION 4	<input type="checkbox"/> JUNE 28-JULY 2	<input type="checkbox"/> SESSION 9	AUG 2 – 6
SESSION 5	<input type="checkbox"/> JULY 5 – 9	<input type="checkbox"/> SESSION 10	AUG 9 – 13
	<input type="checkbox"/> SESSION 11	<input type="checkbox"/> SESSION 12	AUG 23 -27
		<input type="checkbox"/> AUG 16 -20	

A MINIMUM OF 4 PARTICPANTS MUST BE SIGNED UP EACH WEEK TO GUARANTEE THE PROGRAM TO RUN.

DROP OFF AND PICK UP IS AT BOSSE SPORTS.

PAYMENT IS DUE IN FULL UPON REGISTRATION

Check (amount enclosed: \$ _____)

Credit Card # _____ Exp. _____

In-House Account

● Bosse Sports has my permission to use photos of my child in promotional & educational literature ● I give my permission to Bosse Sports to attain emergency medical treatment for my child in the event I cannot be reached ● Bosse Sports will refund 100% of all fees for cancelled Extended Day Tennis 2010 weeks if notified before May 1, 2010 ● After May 1, 2010 refunds are only given for medical reasons verified by a doctor's note ● Refunds and credits will not be given for missed days or weeks ● Bosse Sports reserves the right to dismiss any student whose conduct is detrimental to the overall good of the Extended Day Tennis 2010 program ● Deductions are not allowed for late arrival or early departure ● Bosse Sports Extended Day Tennis 2010 maintains the highest safety standards; however it does not assume liability for accidents, illness, or disease ● It is hereby understood and agreed that any accident or sickness claim will be covered by the parents or guardian's insurance.

Health Insurance Company: _____ Policy #: _____

I have read and understand the above outlined.

Parent or Guardian: _____ Date: _____