



**FULL DAY
SUMMER TENNIS**

9 AM – 3 PM

AGES 9 AND UP



9 AM -3 PM
2011 SUMMER TENNIS REGISTRATION
AGES 9 AND UP

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 SUMMER TENNIS PROGRAM,
LUNCH CAN BE PURCHASED AT MARGOT'S CAFÉ**

FULL DAY AGES 9 AND UP \$575 PER WEEK

SESSION 1 JUNE 6-10
SESSION 2 JUNE 13- 17
SESSION 3 JUNE 20-24
SESSION 4 JUNE 27-JULY 1
SESSION 5 JULY 5 – 8

SESSION 6 JULY 11-15
 SESSION 7 JULY 18 -22
 SESSION 8 JULY 25 – 29
 SESSION 9 AUG 1 – 5
 SESSION 10 AUG 8 – 12
 SESSION 11 AUG 15 -19
 SESSION 12 AUG 22 -26

MORNING DROP OFF IS AT 9 AM AT LINCOLN SUBBURY HIGH SCHOOL TENNIS COURTS. END OF DAY PICK UP IS AT 3 PM AT BOSSE SPORTS. IN CASE OF RAIN PLEASE CALL BOSSE SPORTS AFTER 8 AM TO DETERMINE DROP OFF LOCATION

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 Summer Tennis 2011 weeks if notified before May 1, 2011 • After May 1, 2011 refunds are only given for medical reasons verified by a doctor's note • No refunds or credits will 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 Summer Tennis program • Deductions are not allowed for late arrival or early departure • Bosse Sports Summer Tennis 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: _____