

# Mid-Winter Mêlée

## Junior Tennis Camp

Monday, Feb. 19 - Thursday, Feb. 22

12:00 - 4:00PM Each Day

members: \$60/day or \$200 for all 4 days

non-members: \$80/day or \$260 for all 4 days

*All levels are welcome. Players will be grouped based on ability.*



944 New Loudon Rd.  
Latham, NY 12110  
(518) 785-4311  
[www.TriCityTennis.com](http://www.TriCityTennis.com)

THIS IS  
A POPULAR  
PROGRAM,  
PLEASE RESERVE  
YOUR SPACE  
EARLY.

### Tri-City Fitness' 2018 Mid-Winter Mêlée Registration Form

PLEASE FILL OUT BOTH SIDES

Player's Name		Member? [ ] YES [ ] NO	D.O.B.
Address		Cell or Home Number	
City	State	Zip	Allergies/Medical Concerns
Parent/Guardian's Name		[ ] Monday, Feb. 19	
E-mail		[ ] Tuesday, Feb. 20	
Credit Card Number		Exp.	[ ] Wednesday, Feb. 21
			[ ] Thursday, Feb. 22
			[ ] ALL 4 DAYS



---

#### PAYMENT AND LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE

I understand that membership is required for participation in Tri-City Fitness (the "Club") programs, that this application must be accompanied by the required non-refundable payment in full to confirm registration. If my account is not paid as required, I consent that Tri-City Fitness may charge my checking/credit card account for the full amount past due plus a late fee. I accept that enrollment in Tri-City programs is for the full session and that no refunds will be given for withdrawal, a credit for future services, in the amount of the payment may be issued. By signing below, I agree that I will abide by all the rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Club. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the club shall not be liable for any personal injuries, property damage, or other loss sustained by me in, on or about the premises of the Club, or arising out of the use or intended use of any facilities equipment or other property of the Club, whether or not said personal injuries, property damage or other loss sustained by me is the result of the negligence of owners, agents or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other players, or guest of players. If I enroll in Club programs and am asked to furnish the Club with appropriate medical exams, I agree to furnish such exams and records. In addition, in case of accident or injury to me and if an emergency contact person cannot be reached, I grant the Club permission to obtain medical attention for me if necessary, for which I will be financially responsible. **THE CLUB RESERVES THE RIGHT TO CLOSE COURTS FOR REPAIRS OR ALTERATIONS.** The Club reserves the right to cancel the contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. Tri-City retains the rights to any photographs or video taken at the facility to be used for publicity and advertising. Tri-City cannot guarantee make-ups for classes missed by the student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

