




JUNIOR TENNIS CLINIC

INTERMEDIATE PLAYERS (AGES 10-15)

SUMMER SESSION

JUNE 15 – JULY 2, 2020

Monday, Tuesday and Thursday

3:30pm-6:00pm

**Cost: \$300.00 per week (Members)
\$350.00 per week (Non-members)**

- Maximum of 12 players per week (4-courts)
- Advanced drills to promote daily improvement
- Daily match play with on-court coaching
- Light conditioning drills

Age: _____

Place me with my friends:



305 N Ridgewood Road • South Orange, NJ 07079
973.762.0928 • orangelawn.com

  "orangelawntc"

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REGISTRATION

Existing Orange Lawn Tennis Club Full Member
(Must have credit card on file)

Name _____

Email _____

Phone _____

Authorized Signature _____

New Orange Lawn Tennis Club Indoor Member
(Must have credit card on file)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

**Payment will be due in full on the
first day of your session.**

My guaranteed form of payment is:

MC Visa AMEX Discover
and I authorize Orange Lawn Tennis Club to charge
this credit card for services.

Card # _____

Security Code _____

Expiration Date _____

Authorized Signature _____

ORANGE LAWN TENNIS CLUB WAIVER AND PROGRAM POLICIES

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS: By signing, I agree that I am the named participant, and that I will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by Orange Lawn Tennis Club (OLTC). I acknowledge that there are certain inherent dangers in playing tennis and participating in other OLTC programs, and that OLTC shall not be liable for any personal injuries, property damage, or other loss sustained by me, on or about the premises of OLTC, or arising out of the use of any facilities, equipment or other property of OLTC. I am physically sound and suffering from no conditions, impairment, or other illness that would prevent my participation in OLTC programs. In the case of accident or injury, and an emergency contact person cannot be reached, I grant OLTC permission to obtain medical attention, for which I will be financially responsible.

I accept that enrollment in OLTC programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. I also understand that membership is required for participation in OLTC programs. OLTC reserves the right to cancel this contract at any time, at its sole discretion, and OLTC's sole liability shall be to refund any amounts previously paid on a pro-rata basis. OLTC reserves the right to close courts for repair or alteration. OLTC retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. I authorize OLTC to contact me at the below email address directly. OLTC DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT.

By signing below, we attest that we have read and agree to the Terms and Conditions of this Contract.

Signature _____

Print Name _____

Email _____