



# JUNIOR TENNIS SIGN UP FORM

The spring session will run 3/27 – 6/24. **No clinics from 4/17 – 4/21 and 5/29.** Included in the session fee are: T-shirt, Tennis Balls, Jump Rope and a Tournament at the end of the session. **Once you are signed up, you are committed to the end of the session. Refunds granted only in cases of injury.**

**Please indicate with a circle the clinic and time you feel is best for your child.** If you don't know where your child would best fit please contact **Hefin Roberts**. [hroberts@bossesports.com](mailto:hroberts@bossesports.com)

<b>RED BALL</b>	<b>TIME</b>	<b>AGE</b>	<b>FEE</b>
Monday	4:00-4:45	4-7	11 weeks \$260
Wednesday	4:00-5:00	4-7	12 weeks \$340

<b>ORANGE BALL</b>	<b>TIME</b>	<b>AGE</b>	<b>FEE</b>
Monday	4:45-5:45	7-10	11 weeks \$403
Tuesday	4:30-5:30	7-10	12 weeks \$436
Thursday	4:30-5:30	7-10	12 weeks \$436

<b>GREEN BALL</b>	<b>TIME</b>	<b>AGE</b>	<b>FEE</b>
Monday	5:45-7:00	10+	11 Weeks \$494
Thursday	5:30-7:00	10+	12 Weeks \$535

<b>JV WORKOUT</b>	<b>TIME</b>	<b>AGE</b>	<b>FEE</b>
Wednesday	6:00-7:00	11-15	12 weeks \$436
Friday	3:30-4:30	11-15	12 weeks \$436

**PREFERRED PAYMENT METHOD PLEASE CHECK ONE**

Check                       House Charge                       Credit Card

Name: \_\_\_\_\_

Boy/Girl \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email \_\_\_\_\_

Emergency Contact Number & Relationship \_\_\_\_\_

I recognize the risk of injury in any exercise program and my child is participating upon the express agreement and understanding that I am hereby waiving and releasing Bosse Sports from any and all claims, costs, liabilities and injuries incurred while on these premises.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_