



Magic Lincer Tennis Club of Manchester

404 West Center Street Manchester, CT 06040 ~ 860-646-8860

Email: karina@lincertennisacademy.com

CLINIC REGISTRATION FORM

Player Name: _____ **Age:** _____

Parent/Guardian Name (for Juniors only): _____

Email: _____ Phone: _____

Clinic Info: _____ Membership Status: _____

Please read and acknowledge understanding of the following before

enrolling: Clinic Fees are Non-refundable including for missed classes. Make-ups for missed classes are not guaranteed but offered when space is available in another class in the *same session*, if *6 hours notice* of the absence is provided without exception including illness. There is a Limit of 2 make ups per session. Coaches may be substituted within a session.

INITIALS _____

In Consideration of the benefits expected to be derived from the clinic at Magic Lincer Tennis Club of Manchester (MLTC) and Magic Lincer Tennis Academy (MLTA), we hereby release and forever discharge the said MLTC/MLTA, its servants and agents, members and participating parents of and from any and all actions, causes of action, claims and demands whosoever in any way arising out of injury or illness of our child, including COVID 19 and other viruses, or loss of or damage to property occurring during or as a result of anything done or left undone by MLTC/MLTA or any of the other persons hereby released in connection with the operation of MLTC/MLTA or anything arranged by it to take place outside of its training premises. If at any time, due to circumstances of an accident or sudden illness and medical treatment is necessary, this may be provided. It is understood that every effort will be made to contact the parents. This also allows MLTC/MLTA to use any pictures of our children for display on boards and website. In witness whereof we have here unto set our hands and seals at the location of 404 West Center Street, Manchester, CT 06040.

By signing this form you show you have read and agree to all of the above terms and conditions which apply to all clinics from September 2023 through August 2024:

Signature of Player or Parent/Guardian: _____ Date: _____

OFFICE USE ONLY: Payment Amount: _____ Date: _____ Staff Initials: _____