



ELDON ROARK SPRING SESSION

April 5- May 22nd (7 weeks)

ECD and SI and SA

Schedule

Monday- Thursday 4-6 PM

Saturday 9-11 AM

Fees

Per 2 hour Class: \$7

Entire Session: 35 classes x \$5 per class= \$175

Financial Assistance is available contact Melinda Hoehn mhoehn@tennismemphis.org

Registration Details

- To register, complete the registration form on the next page or ONLINE <https://tennismemphis.clubautomation.com>
- For any questions, please contact Nick Laskaris at NLASKARIS@TENNISMEMPHERS.ORG



Eldon Roark Registration
April 5- May 22

First Name _____ Last Name _____ M ___ F ___

Age ___ Birthdate ___/___/___ School Grade 20-21 ___ School _____

Parent/Guardian _____ Cell # _____ Email: _____

Player Cell # _____ Email: _____

Address _____ City _____ State ___ Zip _____

Circle Group (if unsure, contact Nick)

ECD SI SA

OPTION 1: Sign up for a specific day(s) each week

Circle days attending weekly

Mon. Tues. Wed. Thur. Fri. Sat.

Total # of days attending _____ x Per class fee \$7.00 = **Total Payment** _____

OPTION 2: Sign up for entire session

Total Payment \$175

**Credit cards only at this time*

Waiver Release & Authorization

I, the undersigned parent/guardian, hereby consent for my child to participate in Youth Tennis Clinics. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Great Base Tennis, Tennis Memphis and any sponsors of the program and its respective employees, staff, board members, officers, agents, successors. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of, or in any way connected with the program, and assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of its terms and hereby execute voluntarily, with all knowledge and understanding of its significance.

PUBLICITY RELEASE: I hereby give my consent for my child to be interviewed or photographed by the media and Tennis Memphis for purposes of website, social media, marketing, advertising, or newspaper publication. PARENT'S AUTHORIZATION: If I cannot be reached in an emergency, I hereby authorize any medical assistance or treatment deemed necessary in the event of any injury to my child while participating in any program activity. I agree that if my child does not have appropriate insurance coverage, I will pay all costs of medical services incurred on his or her behalf.

Signature of Parent/Guardian _____ Date _____