



Summer Camp at Armonk Tennis Club

2019 Application



First Name: _____ Last Name: _____

Gender: _____ Birthdate: _____ Grade in Fall 2019: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Parent/Guardian 1: _____ Work #: _____ Cell #: _____

Parent/Guardian 2: _____ Work #: _____ Cell #: _____

Group Request (List up to 3 Friends): _____

Referred by: _____

T-Shirt Size: *Junior* S M L *Adult* S M L XL

Program	Price Per Week (Based on number of weeks enrolling)			6/24 to 6/28	7/1 to 7/3 [^]	7/8 to 7/12	7/15 to 7/19	7/22 to 7/26	7/29 to 8/2	8/5 to 8/9	8/12 to 8/16	8/19 to 8/23
Camp Armonk Sports	1-2 \$625	3-5 \$595	6-7 \$550		\$360							
Camp Armonk Mad Science	1-2 \$750	3-5 \$695	6-7 \$675		\$420							
Mad Science Half Day	1-2 \$425	3-5 \$400	6-7 \$375		\$240							
AITA Advanced Camp*	1-2 \$775	3-5 \$725	6-8 \$695		\$600							
AITA Junior Camp	1-2 \$750	3-5 \$695	6-9 \$675		\$420							
Lunch	\$50				\$30							
After-Camp Tennis Lesson	\$50 per 30-minute lesson											
After-Camp Swim Lesson	\$30 per 30-minute lesson											

* Players must be evaluated and recommended for the Armonk International Tennis Academy Advanced Camp.

[^] Camp is off July 4-5. See the prices above for the three-day week.

Note: After-camp lessons can be scheduled with the desk.

- Weekly Discounts: By 12/31/18 for Returning Campers & 2018 ATC/AI Participants - \$25 per week (\$15 for Mad Science half day and short week of July 1st)
- By 01/15/19 - \$50 per week (\$30 for Mad Science half day and short week of July 1st)
- By 03/15/19 - \$25 per week (\$15 for Mad Science half day and short week of July 1st)
- With Sibling - \$25 per week (\$15 for Mad Science half day and short week of July 1st; applicable to each subsequent child)

A deposit of \$200 per week is required to hold placement: _____ Weeks x \$200 = \$ _____

Charge the deposit to my credit card: MasterCard Visa American Express

Name: _____ Card #: _____ Exp. Date: ____/____/____ Sec. Code: _____

Enclosed is a check for the deposit (payable to **Armonk Tennis Club**)

All balances will be charged in full on April 15, 2019, and cancellations will be non-refundable. Prior to April 15, 2019, payments are refundable, minus a \$150 cancellation fee. Please see optional payment plan and release/waiver on following pages.





Summer Camp at Armonk Tennis Club

Payment Plan



INSTALLMENT NOTE

For value received, I promise to pay to the order of Armonk Tennis Associates, LLC DBA Armonk Tennis Club the total amount due plus a \$25 payment plan fee in four consecutive monthly installments due on the 15th day of each month beginning April 15, 2019.

I understand that my failure to regularly attend and utilize the program does not relieve me of my obligation, regardless of the circumstances, to pay the installment note in full. I understand that, except as herein provided, my program fee is noncancelable. Should I default, I agree to pay all costs of collection, including but not limited to, collection agency fees, court costs, and reasonable attorney's fees, all of which may be paid or incurred by the holder of this note. A \$15.00 service charge will be assessed for all rejected checks, credit card, and EFT transfers, subject to appropriate state and federal laws. Should default be made in any monthly installment, the entire remaining sum due hereunder shall immediately be due and payable at the option of the owner of this note and shall bear interest at the rate of 10% per annum from the date of default. If any installment is more than ten days past due, a late charge of \$10.00 may be assessed on each delinquent installment. The holder may extend or postpone payment without notice and without discharging the undersigned. A \$10.00 fee will be assessed for any change in account requested by the debtor for payment of this obligation.

PREPAYMENT: I MAY PREPAY THE ENTIRE AMOUNT I STILL OWE AT ANY TIME. IF I CHOOSE TO PREPAY FOR MY PROGRAM, I WILL NOT BE ISSUED A REFUND FOR ANY REASON OTHER THAN DEATH, DISABILITY, OR LETTER FROM A PHYSICIAN STATING THAT I AM NOT PHYSICALLY ABLE TO PARTICIPATE IN THIS PROGRAM FOR MORE THAN 45 DAYS.

HAVING READ ALL OF THE TERMS IN THEIR ENTIRETY, AND UNDERSTANDING COMPLETELY ALL OF THE CONSEQUENCES THEREIN, AND INTENDING TO BE LEGALLY BOUND HEREBY, AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF ARMONK TENNIS CLUB OF ANY AND ALL LIABILITY, I HAVE FIXED MY SIGNATURE HERETO ON THE FRONT OF THIS DOCUMENT.

Name (please print): _____

Signature: _____ Date: _____

Electronic Funds Payment Authorization

As a convenience to me, I authorize my credit card company to make a payment to Armonk Tennis Club, as noted above according to the terms of the installment note. I agree that treatment of such payment shall be the same as if it were personally signed by me. I understand that cancellation of EFT authorization in no way relieves me of my obligation to fulfill all contractual obligations.

MasterCard Visa American Express

Card #: _____ Expiration Date: _____/_____/_____ Security Code: _____

Signature: _____ Date: _____





Summer Camp at Armonk Tennis Club

Release & Waiver of Liability



In consideration of participating in the Summer Camp Program at Armonk Tennis Club, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Armonk Tennis Associates LLC, SRS Armonk Associates LLC, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC (the "Club"), I am aware that the Club does not provide medical insurance in such programs. In the event of an emergency, I hereby grant Armonk Tennis Club permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room.

Permission is hereby granted to utilize photos and video taken at Armonk Tennis Club as promotional materials.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature: _____ Date: _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____

Signature: _____ Date: _____

POOL AUTHORIZATION

I hereby authorize my child to swim at the Armonk Tennis Club pool.

Signature: _____ Date: _____

SUNSCREEN & INSECT REPELLENT PERMISSION

I allow my child to carry and use topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness. I allow my child to be assisted by camp personnel if he/she is unable to physically apply the sunscreen and requests help.

I allow my child to carry and use insect repellent. I allow my child to be assisted by camp personnel if he/she is unable to physically apply the repellent and requests help.

Signature: _____ Date: _____

