

2018 JUNIOR CLINIC APPLICATION

Orange Hollow Racquet & Fitness Club
PO Box 298, Goshen, NY 10924
Ph: 845.294.9393 Fx: 845.294.3110
Email: ohrfc@hotmail.com / OrangeHollowRacquetClub.com



PLAYER INFORMATION: Please print clearly and legibly.

Student First Name	Student Last Name	Date of Birth	Gender	
Street Address	City	State	Zip	Email Address
Home Phone	Business Phone	Cell Phone (Required)		
Parent/Guardian First Name	Parent/Guardian Last Name			

PLEASE CHECK YOUR CHOICE

- Hot Shots - \$235, 10 Weeks:** Mon 4 PM-5 PM Wed 4:30 PM-5:30 PM Sat 11 PM-12 PM
- Future Stars - \$235, 10 Weeks:** Mon 5 PM-6 PM Wed 4:30 PM-5:30 PM
- Future Stars Saturday - \$315 10 Weeks:** Sat 9:30 AM-11 AM (90 Minute Class)
- Advanced Tennis- \$119, 5 Weeks:** Sat 11 AM-12:30 PM Tues 5:30 PM-7:00 PM (90 Minute Class)

Holiday Clinic:

Name of Clinic	Date	Price
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PAYMENT INFORMATION

Credit Card: Amount: \$ _____ CC #: _____

Expiration Date: _____ CVC #: _____ OR Cash _____ Check _____

Payment Terms, Liability, Waiver and Assumption of Risk and Release

I understand that membership is required for participation in Orange Hollow programs and that this application must be accompanied by the required, non-refundable, deposit to confirm registration. I further understand that for program sessions, a 5wk session, I must remit the required deposit upon enrollment, which is \$75.00. I accept that enrollment in Orange Hollow programs is for the full session and that no refunds will be given for withdrawals or a credit for future services, in the amount of the deposit, may be issued. By signing below, I agree that I am the parent or legal guardian of the above student and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Club. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the Club shall not be liable for any personal injuries, property damage, or other loss sustained by me or my children in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other players' children or guests of players. In case of accident or injury to my child and if an emergency contact cannot be reached, I grant the Club permission to obtain medical attention for my child if necessary, for which I will be financially responsible. The Club reserves the right to cancel this contract at any time, at its sole discretion, and managements' sole liability shall be to refund any amounts previously paid on a pro-rated basis. Orange Hollow retains the rights to any photographs or video taken at the facility to be used for publicity or advertising.

Parent/Guardian Signature	Date	Staff Signature	Date
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