



## Player Registration Full-Time Program 2008-2009

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Male  Female Birth date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_

Check desired box

*August 18<sup>th</sup>, 2008 - June 5<sup>th</sup> 2009 (yearly)*

Plan A  FULL TIME BOARDING  
Mon-Fri. 9:00a.m. 11:00p.m. & 1:00p.m. 4:00p.m. Starting Date: \_\_\_/\_\_\_/\_\_\_

Plan B  FULL-TIME NON-BOARDING  
Mon-Fri. 9:00a.m. 11:00p.m. & 1:00 p.m. 4:00p.m. Starting Date: \_\_\_/\_\_\_/\_\_\_

Plan A \$33,175 Yearly  
Plan B \$21,300 Yearly

Weekly boarding: \$1095.00/wk 1 week      Weekly non-boarding: \$650.00/wk  
                          \$1025.00/wk 2 weeks      Daily Drop-In:            \$145.00/day  
                          \$985.00/wk 3 + weeks

A \$3,000 deposit is required to hold your spot in either Plan A or Plan B. The remaining balance is due on the student's start date. If payment arrangements are needed, please contact Jamie Brandt in the office.

**Payment information:** (Regardless of payment method, we require a credit card number on file)

Visa  MasterCard Name on Card \_\_\_\_\_

Credit card Number \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ Name on card \_\_\_\_\_

Amount to Charge \$ \_\_\_\_\_ Payment by Check \$ \_\_\_\_\_

## PARENT OR GUARDIAN RELEASE FORM

PLAYER'S FULL NAME \_\_\_\_\_

In the event of any illness, or other medical circumstances incurred while my child is attending the tennis program at the "Gorin tennis Academy", ether on or off the premises of the "Gorin Tennis Academy". I hereby give permission to any responsible person employed by the "Gorin Tennis Academy", to take my child to any appropriate treatment facility for any necessary treatment.

I agree to hold the above Company, its employees, representatives or officers, harmless from any action in this respect.

I assume all risks and hazards incidental to my child's participation in the activities of the Gorin Tennis Academy (I.E. any loss, damage or injury suffered by the player) and hereby release and hold harmless all Gorin Tennis Academy and/or the owners, employees, and supervisors connected with the program and this Company.

I also give the Gorin Tennis Academy permission to use my child's name and all photos and/or similar promotional material of my son or daughter in their advertising.

I hereby give consent for my child to be taken off site for activities deemed necessary by the Gorin Tennis Academy.

The Gorin Tennis Academy also reserve the right, at the discretion of the Director, to request the withdrawal of any player at any time, if the player has disobeyed or in any way violated the policies and procedures of the Gorin Tennis Academy, or if the player withdrawal is in the best interest of the program and it's participants.

The Gorin Tennis Academy also reserve the right, at the discretion of the Director, to request the withdrawal of any player at any time, if the player has violated the housing policies and procedures of the home in which the player resides while participating in any program at the Gorin Tennis Academy.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Personal Medical History

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ M F

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell.(\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Health Insurance Information

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber Number \_\_\_\_\_ Telephone Number(\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Medications \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_ Other Allergies Explain \_\_\_\_\_

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Previous Surgery \_\_\_\_\_

## Medical Conditions:

Asthma     Diabetes     Blood Pressure     Anemia     Heart Disease

Other Explain \_\_\_\_\_

**All above information must be completed and sign BEFORE enrollment in the Academy**

Date \_\_\_/\_\_\_/\_\_\_    Parent or legal Guardian Signature \_\_\_\_\_