

Jack Schore Adult Clinics & Play - 2016

Great Value, Great Coaches, Great Programs

Special Pricing for Weekday Morning Classes

1 hour free court time during weekdays (before 4pm) with each Session registration
 Winter 1 starts 11/14, Winter 2 starts 12/5, Winter 3 starts 1/2/17

DAY		SKILL LEVEL	Price for 3 weeks
MONDAY	10am - 12pm	Adults 2.0 Beginners only Clinic & Drills Drop in rate : \$35/class	\$90
TUESDAY	10am - 12pm	Adults 3.0-3.5 Intermediate Clinic & Drills Drop in rate : \$35/class	\$90
WEDNESDAY	10am - 12pm	Adults 3.5-4.0 Advanced Clinic & Drills Drop in rate : \$35/class	\$90
THURSDAY	10am - 12pm	Adults 3.0-3.5 Intermediate Clinic & Drills Drop in rate : \$35/class	\$90

Weekend & Evening Classes

DAY	TIME	SKILL LEVEL	Price
WEDNESDAY	7pm - 8pm 7pm - 9pm 9pm-10:45pm	Co-ed 2.0-2.5 Beginners Clinic (6 wks) Co-ed 2.5-3.0 Adv. Beg.-Low Int. Clinic & Drills (6 wks) New Session starts on 12/07 Men's 4.0+ Doubles Program (play 12 out of 15 weeks) New Session starts on 01/4	\$120 \$240 \$200
THURSDAY	8pm - 10pm	Men's 4.0+ Drills, Strategy & Supervised Play (6 wks) New Session starts on 12/15	\$240
FRIDAY	7pm - 9pm	3.5+ Doubles Mixer Match Play (Weekly)	\$20
SATURDAY	9am - 10am 9am - 11am	Co-ed 2.0-2.5 Beginners Clinic (6 wks) Co-ed 3.0-4.0 Intermediate Clinic/Drill (6 wks) New Session starts on 12/17	\$120 \$240
SUNDAY	9-10am	Co-ed 2.0-2.5 Beginners Clinic (6 wks) New Session starts on 12/18	\$120
SUNDAY	7pm - 9pm	5.0+ Doubles & (some) Singles Match Play (Weekly)	\$20



Montgomery TennisPlex
 South Germantown Recreational Park
 18010 Central Park Circle Boyds, MD 20841
 (240) 477-4430

www.MontgomeryTennisPlex.com



REGISTRATION INFORMATION ON REVERSE SIDE

Jack Schore Adult Programs 2016

For Office Use Only



SCANNED on

____/____/____

Player's Name* _____

Address* _____

City* _____ State* _____ Zip* _____

Phone #* (C) _____ (H) _____

E-mail address* _____

Player's Birth Date _____ Gender **M** / **F**

Company _____ Player's Shirt Size _____

Number of Day(s)/Time _____ Level _____

*** Select your Program or Event below ***

Adult Clinic / Seasonal Court Time / MCTA / Fred League / LOOO / Tournaments / Other (_____)

There is a \$50 fee applicable to any changes or cancellations.

Payment Type: Cash Check (# _____)

Credit Card # _____ Exp _____

Make checks payable to: "Montgomery TennisPlex"

18010 Central Park Circle Boyds, MD 20841

Classes may be made up on a space available basis. No refunds for missed classes. Please visit or call-in for discounts as they are not accessible online.

Medical Information

Allergies: _____

Player's Physician: _____

Physician's Phone: _____

Insurance Company: _____

Policy # _____

Emergency Contact*: _____

Relationship*: _____

Emergency Contact Phone*: _____

* = Required Field.

MEDICAL AUTHORIZATION

When I or the emergency contact cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

Montgomery TennisPlex Release and Indemnity

As a player, user or guest at Montgomery TennisPlex (MTP) facilities, I assume the risk of injury or death to myself and my invitees including any minor children for whom I am parent, legal guardian, custodian or otherwise responsible due to negligence by MTP, its manager JST Management LLC, Maryland-National Capital Park and Planning Commission (M-NCPPC) or any of their employees, managers, contractors, consultants or instructors. (Each such named party and each of their invitees are referred to as an "MTP Party.")

I agree to waive and release (i.e., give up) all rights that I, my heirs, representative(s) and/or assigns, and any minor children of mine, may make against any MTP Parties arising from any damages, injury, or death which I or any of my invitees might sustain as a result of any activity related in any way to MTP.

I further agree to indemnify and hold harmless MTP and its manager from any claims which may be made by me and/or any of my invitees or which might be made against me and/or any of my invitees by others, arising from any activity related in any way to MTP; and from any claims relating to any injury, death, loss of or damage to any personal property which might occur from any activity by me and/or my invitees related in any way to MTP.

I (on behalf of myself and any minor children invitees for whom I am parent, legal guardian, custodian or otherwise responsible) consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable.

WITHOUT LIMITATION OF THE FOREGOING, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I AND MY MINOR CHILDREN HAVE TO SUE OR MAKE A CLAIM AGAINST M-NCPPC, MTP, OR ANY OTHER MTP PARTY FOR ANY INJURIES ANY ONE OF US MIGHT SUSTAIN WHILE USING FACILITIES, EQUIPMENT AND/OR SERVICES PROVIDED BY MTP, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MTP AND ITS MANAGEMENT AGAINST CLAIMS BY ME AND/OR ANY OF MY INVITEES INCLUDING ALL MINOR CHILDREN I INVITE OR WHO ARE UNDER MY CARE.

I attest that I am eighteen (18) years or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of camp, clinic or league. I also agree that MTP and its agents, sponsors, and employees may use my child's image and likeness in future promotions.

Notwithstanding any other provision hereof, I do not give up any claim against a specific MTP Party for reckless and wanton conduct by that specific party. I also agree that MTP and its agents, sponsors, and employees may use my image and likeness in future promotions.

Signed * : _____ **Date *** : _____, 20____

(You must be 18 years of age or older to sign this form)

Please print your name * : _____

CHECK IF APPLICABLE : I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting MTP's facility:

