


East Gate Swim and Tennis Junior Program Summer 2010 Registration	 Dexter MacBride Tennis Academy
Please print out this registration form, <i>complete for each child attending</i> and return with your payment. Checks should be made payable to: Dexter MacBride Tennis Academy P.O. Box 60701, Potomac, MD 20859	

Child's Name: _____	Skill Level: _____
Birth Date: _____	Email Address: _____
Parent's Name: _____	Alt Email Address: _____
Street: _____	Contact Phone: _____
City: _____	Emergency Phone: _____
State: _____ Zip: _____	Work Phone: _____

Physical limitations - please list any limitations or injuries which may inhibit or limit child's activity:

I understand that payment is due in full at the time I submit this application. There is a \$50.00 non-refundable application fee if my child withdraws less than 48 Hours prior to his/her first registered session. Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs and activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of the severity that my minor child/ward or I may sustain as a result of said participation. I do hereby fully release and forever discharge Dexter MacBride Tennis Academy, including all officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that my minor child/ward or may have or which may accrue to me or my child/ward and arising out of, or in any way associated with these programs/activities. I have read and fully understand the above information, assumption of risk, and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature

Signature: _____ Date: _____

We encourage early registration to ensure placement in the program of your choice. Just fill out the application and return it with payment at your earliest convenience. Members have priority until June 1st 2009. After Care is also available, please contact Dexter for more information. If you have any questions, feel free to contact Dexter at 240-372-5527.

Please indicate appropriate Session and Week

Members	Non-Members
_____ 10:00AM Session \$130.00	_____ 10:00AM Session \$140.00
_____ Full Day Session \$275.00	_____ Full Day Session \$285.00

Morning sessions end at 12:00pm and full day sessions end at 3:00pm, which include an hour break for lunch and swim.

Please check box for the weeks your child will be attending

_____ Week 1. June 21-25	_____ Week 5. July 19-23	_____ Week 9. Aug 16-20
_____ Week 2. June 28-July 2	_____ Week 6. July 26-30	_____ Week 10. Aug 23-27
_____ Week 3. July 5-9	_____ Week 7. Aug 2-6	
_____ Week 4. July 12-16	_____ Week 8. Aug 9-13	

Total Weeks Attending: _____ **Session Price:** _____ **Total Remitted:** _____