



Magic Lincer Tennis Academy
Summer Tennis Programs

June 16th-August 22nd

9:00-12:00 Drills, Strategy and Fitness

12:00-1:00 Lunch

1:00-4:00 Mental Training and Match Play

Full Day Members \$575/week Nonmembers \$605/week

Half Day Members \$395/week Nonmembers \$425

Individual full day Members \$150 Nonmembers \$160

Individual half day Members \$95 Nonmembers \$105

Before and Aftercare available at \$15/hour/child.

Magic Lincer Tennis Academy Summer Program Registration

Player Name: _____ Age: _____ Preferred Facility: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

Secondary Phone: _____ Email: _____

Medical Concerns/Allergies: _____

Please circle your weeks of choice and half or full day:

Week 1: June 16 - June 20 H / F Week 6: July 21 - July 25 H / F

Week 2: June 23 - June 27 H / F Week 7: July 28-Aug 1 H / F

Week 3: June 30-July 3 H / F Week 8: Aug 4 - Aug 8 H / F

(F = \$460M / \$485NM, H = \$315M / \$345NM)

Week 4: July 7 - July 11 H / F Week 9: Aug 11 - Aug 15 H / F

Week 5: July 14 - July 18 H / F Week 10: Aug 18 - Aug 22 H / F

In consideration of the benefits expected to be derived from the admission of my child or children to the Magic Lincer Tennis Club of Manchester (MLTC) and/or the Magic Lincer Tennis Academy (MLTA), I hereby release and forever discharge the said MLTC/MLTA, its servants and agents, members and participating parents of and from any and all actions, causes of action, claims and demands whosoever in any way arising out of injury or illness of our child or children or loss of or damage to property occurring during or as a result of anything done or left undone by MLTC/MLTA or any of the other persons hereby released in connection with the operation of MLTC/MLTA or anything arranged by it to take place inside and outside of its training premises. I hereby give consent for our child to be taken on trips relating to tennis tournaments. I hereby give consent for my child to take part in physical tests. If at any time, due to circumstances of an accident or sudden illness and I hereby give consent for medical treatment in the case of an emergency situation where parents cannot be reached; It is understood that every effort will be made to contact the parents. This also allows MLTC/MLTA to use any pictures of our children for display on boards and the website. In witness whereof we have here unto set our hands and seals at the locations of 404 West Center Street, Manchester CT and 109 Pierson Lane, Windsor CT this ____ day of _____, 2025.

All fees are Non-Refundable and Non-transferable after May 1, 2025.

Parent/Guardian Signature _____

STAFF ONLY: Payment Amount/Type: _____ Date: _____ Staff Initials: _____