



Magic Lincer Tennis Academy

109 Pierson Lane, Windsor, CT 06095 ~ 860-688-1300

Email: magic@lincertennisacademy.com

JUNIOR CLINIC APPLICATION FORM

Players Information

First Name:	Last Name:	Age:
Address:	City:	UTR:
Parent Name:	Phone:	Email:
Parent Name:	Phone:	Email:

Beginner Clinic	Mon Tues Wed Thur Fri Sat Sun Time: _____
Intermediate/Advanced Clinic	Mon Tues Wed Thur Fri Sat Sun Time: _____
High School Elite Training	Mon Tues Wed Thur Fri Sat Sun Time: _____
High Performance Training	Mon Tues Wed Thur Fri Sat Sun Time: _____
Full Time Academy	Mon Tues Wed Thur Fri Sat Sun Time: _____

DATES OF PROGRAM: _____ **TOTAL COST of PROGRAM:** _____

PAYMENT INFO: _____

* Fees are Non-refundable.

* Make-ups for missed classes are not guaranteed but offered when space is available.

In Consideration of the benefits expected to be derived from the admission of our child to Magic Lincer Tennis Academy (MLTA), we hereby remise, release and forever discharge the said 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, including viruses such as COVID 19, or loss of or damage to property occurring during or as a result of anything done or left undone by MLTA or any of the other persons hereby released in connection with the operation of MLTA or anything arranged by it to take place outside of its training premises. We hereby give consent for our child to be taken on trips related to tennis tournaments. If at any time, due to circumstances of an accident or sudden illness and medical treatment is necessary, this may be given. The above will enable a Physician to give necessary 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 MLTA to use any pictures of our children for display on boards and website. In witness whereof we have here unto set our hands and seals at the location of 109 Pierson Lane, Windsor, CT 06095 on this _____ day of _____ 20____.

Parent/guardian _____ Witness _____