



Magic Lincer Tennis Academy

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

Email: Magic@lincertennisacademy.com

HIGH PERFORMANCE CONTRACT

Player Name: _____ **Age:** _____ **Member:** (Y/N)

Parent/Guardian Name (for Juniors only): _____

Email: _____ **Phone:** _____

Days: _____ **Full Time (Y/N)** **Total Cost:** _____

Payment Agreement: _____

Please read and initial to confirm understanding of the following:

- * Registration Fees are Non-refundable including for missed classes.
- * A make-up for a missed class cannot be guaranteed but may be requested if 24 hour notice of absence is provided.
- * The Responsible Party Agrees to Pay Magic Lincer Tennis Academy for the full 10 month Program. Players choosing to register for 3 or more times per week may request an installment plan.

INITIALS _____

In Consideration of the benefits expected to be derived from the clinic at Magic Lincer Tennis Club of Manchester (MLTC) and Magic Lincer Tennis Academy (MLTA), we 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, including COVID 19 and other viruses, 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 outside of its training premises. If at any time, due to circumstances of an accident or sudden illness and medical treatment is necessary, this may be provided. 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 website. In witness whereof we have here unto set our hands and seals at the location of 109 Pierson Lane, Windsor CT, 06095.

By signing you show you have read and agree to all of the terms and conditions of this contract.

Signature of Responsible Party: _____ **Date:** _____

OFFICE USE ONLY:

Payment Details: _____ **Staff Initials:** _____