



2021 Summer Camp Registration Form

SESSION DATES: Monday, June 28th - Friday, August 20th (8 weeks)
TIME: 9:00am - 1:00pm Mon-Fri

Participant Name: _____ DOB: _____ Parent's Name (Juniors Only): _____

Address: _____ City: _____

State: _____ Zip: _____ Cell: _____ Email: _____

CAMP WEEKS (check all applicable)

Rate: \$550/week

6/28 7/26
7/5 8/2
7/12 8/9
7/19 8/16

RAIN POLICY

In the event of rain or wet courts at SUNY Purchase, we will split the weekly camp group and run staggered, two hour camp practices. Each child will play either at 9:00-11:00 or 11:00-1:00. The rain location will be at our bubble at the Renaissance Westchester Hotel.

PHOTO/VIDEO PERMISSION RELEASE

I give permission for Synergy Tennis Group LLC to photograph/videotape me while in any activities at any Synergy Tennis facility for possible use in marketing/promoting Synergy tennis by use of, but not limited to, social media/blog sites (Facebook, Twitter, Instagram), email advertising, print advertising and or TV advertising. Synergy Tennis will not use any players name without written permission from player or participant.

WAIVER OF LIABILITY: ASSUMPTION OF RISK

I hereby fully waive and release Synergy Tennis Group LLC from any and all claims of personal injury that I may sustain while participating in any form of tennis activities at Synergy Tennis facilities or property. I hereby voluntarily, at my own risk, sign this Waiver of Liability and Assumption of Risk in sole consideration of being permitted to use Synergy Tennis facilities or property. I acknowledge that Synergy Tennis is not responsible for items of personal property damaged at, or stolen from Synergy Tennis facilities or property. I represent that I am physically capable of participating in activities at Synergy Tennis without risk to my health and well-being or other participants. I am not under the influence of drugs or alcohol which impairs my ability to maintain my safety, awareness, or endangers others. By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks and agree to use my best judgement while engaging in any tennis activity. I further agree to identify and hold harmless the Release, it's employees, agents and officers from and against any and all liability incurred as a result of or in any manner related to my participation in the activities. I have read and understood the foregoing and acknowledge my consent to the terms of this Waiver of Liability & Assumption of Risk by signing below.

By signing below you are agreeing to all Synergy Tennis' above policies and waiver of liability.

SIGNATURE: _____

DATE: _____

Parent/Guardian's signature if a minor