

OPRC Junior Clinics

Summer 2019

Clinics Offered

<i>Circle Your Clinic</i>	Age	Level	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Red Ball Clinic	5 to 8	All			4:30-5:30				
High School & Tournament Players	11 to 18	All		4:30-6:00		4:30-6:00			

Weeks Offered	June	3	4	5	6	7	8	9
		10	11	12	13	14	15	16
	17	18	19	20	21	22	23	
	24	25	26	27	28	29	30	
Greyed Out Dates Means No Clinics	July	1	2	3	4	5	6	7
		8	9	10	11	12	13	14
		15	16	17	18	19	20	21
		22	23	24	25	26	27	28
Greyed Out Dates Means No Clinics	August	29	30	31	1	2	3	4
		5	6	7	8	9	10	11
		12	13	14	15	16	17	18
		19	20	21	22	23	24	25

Complete Payment Table Please

	Red Ball	HS/TP
Clinic Cost Per Day	\$20	\$30
If Non Members	+ \$2	+ \$4
	=	=
Days Coming	X	X
Total Clinic Costs	=	=

Payment Method(circle) Member Charge Check Cash

Name _____

THIS SIDE MUST BE FILLED OUT BEFORE THE FIRST CLINIC

Name _____

Age _____

Parent Contact Name _____

Contact Phone _____

Email _____

Date _____

Liability Waiver

I, for myself or as parent of minor named herin, assume all risks and hazards incidental to the conduct of the activities of the OPRC Junior Development Program and transportation to and from said activities. I release, indemnify, hold harmless Olde Providence Racquet Club and its employees from all risks and hazards associated with the activity and in the event of injury or loss, do expressly waive all claims against OPRC, its agents, assigns, and insurers, except for such claims as may arise out of the willful and wanton conduct of OPRC, it's agents, assigns, and insurers.

Player Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____



OPRC Junior Training Camps

Summer 2019

Camps Offered

<i>Circle Your Clinic</i>	Age	Level	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Green Ball Challengers	8 to 12	L4/5		10:30-3:00	10:30-3:00	10:30-3:00			
OP Select	11 to 18	L3+	10:30-3:00	10:30-3:00	10:30-3:00	10:30-3:00	10:30-3:00		

Weeks Offered	<i>June</i>	3	4	5	6	7	8	9
Select Discount This Week \$60		10	11	12	13		15	16
Blacked Out Dates Means No Clinics		17	18	19	20	21	22	23
		24	25	26	27	28	29	30
\$60 Discount	<i>July</i>	1	2	3		5	6	7
Greyed Out Dates Means No Challengers		8	9	10	11	12	13	14
		15	16	17	18	19	20	21
Select Discount This Week \$180					25	26	27	28
	<i>August</i>	29	30	31	1	2	3	4
		5	6	7	8	9	10	11
Select Discount This Week \$60		12	13	14	15		17	18
		19	20	21	22	23	24	25

Complete Payment Table Please

	Week Pricing		Full Summer Pricing	
	<i>Challengers</i>	<i>Select</i>	<i>Challengers</i>	<i>Select</i>
Full Week Camp	\$180	\$300	\$1,200	\$2,600
If Non Members	+ \$15	+ \$25	+ \$100	+ \$200
	=	=	=	=
Weeks Coming	X	X	X	X
	=	=	=	=
Total Discounts	- NA	-	- NA	- NA
Total Camp Costs	=	=	=	=

Payment Method(circle)

Member Charge

Check

Cash

Name _____

THIS SIDE MUST BE FILLED OUT BEFORE THE FIRST CLINIC

Name _____

Age _____

Parent Contact Name _____

Contact Phone _____

Email _____

Date _____

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Player Name _____

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Parent/Guardian Signature _____

