

OPRC Junior Clinic Registration

September 2019

Clinics Offered

<i>Circle Your Clinic</i>	Age	Cost*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Parent and Me(16 or older must accompany student)	3 to 5	\$10*	4:00-4:30						
Red Ball	5 to 8	\$20*	4:30-5:30		4:30-5:30				
Advanced Red Ball	6 to 8	\$30*	4:30-6:00		4:30-6:00				
Beg/Int Orange and Green Dot	7 to 12	\$30*	4:30-6:00		4:30-6:00				
High School Clinic/TP Drills	12 to 18	\$30*	4:30-6:00		4:30-6:00				
Jr Tournament Players	8 to 12	\$30*		4:30-6:00		4:30-6:00			
Tournament Players	11 to 18	\$40*		4:00-6:00		4:00-6:00			

Circle The Days You Will Attend

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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	29
30						

Clinics are not offered on greyed out dates

Complete Payment Table Please

	Clinic Length			
	1/2 Hr	1 Hr	1.5 Hrs	2 Hrs
Clinic Base Price \$20 Per Hr	\$10	\$20	\$30	\$40
<i>If Non Members</i>	+ \$2	+ \$2	+ \$4	+ \$4
	=	=	=	=
<i>If Winter Months(Nov-March)</i>	+ \$2	+ \$2	+ \$4	+ \$4
	=	=	=	=
<i>Total Clinic Days Circled</i>	X	X	X	X
Total Month Cost	=	=	=	=
Pamynet 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 herein, 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, its agents, assigns, and insurers.

Player Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

