



BINGHAMTON UNIVERSITY LANE – STARKE TENNIS CENTER JUNIOR PROGRAMS REGISTRATION

By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the Binghamton University Lane - Starke Tennis Center (LSTC): (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

JUNIOR INFORMATION		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	AGE:	DATE OF BIRTH:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:		

MAIN CONTACT		
LAST NAME:	LEGAL FIRST NAME:	GENDER:
HOME PHONE:	WORK PHONE:	CELLPHONE:
ADDRESS:	CITY, STATE:	ZIP CODE
EMAIL:	RELATIONSHIP:	

EMERGENCY PICK UP OR ALTERNATE PICK UP		
LAST NAME:	LEGAL FIRST NAME:	RELATIONSHIP:
HOME PHONE:	WORK PHONE:	CELLPHONE:

Participants 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. If your child is 12 or older, does she/he have your permission to be released on their own at the end of their program? YES NO

Signature: _____

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian? YES NO

If yes, LSTC will contact you for additional information.

PROGRAM INFORMATION

ARRIVAL /PICK UP TIME: All children should arrive 10-minutes prior to the start of the session. This will allow enough time for check-in and equipment preparation. Please plan to pick up your child no later than 10 minutes after the conclusion of the session. Unfortunately, we are not staffed to provide extended supervision.

WHAT TO BRING: Participants are encouraged to bring: their own racket, water and a snack. Please make sure your junior's name is on their items. Loan rackets are available for anyone in need. Proper footwear with non-marking soles and athletic clothes should be worn. Vending machines are available on-site.

STUDENT TO INSTRUCTOR RATIOS: All sessions will be taught by our certified Assistant tennis professionals. Programs are filled with a:

- 4:1 student to instructor ratio for ages 4-7
- 5:1 student to instructor ratio for ages 8-14
- 8:1 student to instructor ratio for ages 14-17

Please select t-shirt size: **Youth** **Adult**
 S M L S M L XL

PROGRAM SELECTION: CHECK BOX OF DESIRED DAY OF THE WEEK FOR PROGRAM REGISTRATION

Sessions	Sept. 09 - Oct. 25	Oct. 25 - Dec. 20
Hot shots (ages 4-7) Wednesdays 4-5p.m.	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class
Saturdays 11:30a.m. - 12:30p.m.	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class
Orange ball (ages 8-10) Wednesdays 4-5p.m.	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class
Saturdays 11:30a.m. - 12:30p.m.	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class
Green ball (ages 9-11) Wednesdays 4-5p.m.	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class
Saturdays 11:30a.m. - 12:30p.m.	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class	<input type="checkbox"/> \$140/session <input type="checkbox"/> \$35/class
Silver I (ages 11-14) Wednesdays 5-6:30p.m.	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class
Silver II (ages 14-17) Wednesdays 6:30-8p.m.	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class
Gold I (ages 11-17) Tuesdays 5-6:30p.m.	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class
Thursdays 5-6:30p.m.	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class
Gold II (ages 13-17) Tuesdays 6:30-8p.m.	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class
Thursdays 6:30-8p.m.	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class	<input type="checkbox"/> \$210/session <input type="checkbox"/> \$40/class

Scan here for full session descriptions



MEDICAL RELEASE INFORMATION

INSURANCE INFORMATION		
POLICY NUMBER:	NAME OF HEALTH INSURANCE PROVIDER:	
PRIMARY PHYSICIAN:		
ADDRESS:	CITY, STATE:	ZIP CODE
PHONE:	HOSPITAL PREFERENCE:	

Does your child have any medical or behavioral conditions that we should be aware of?

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason including maintenance medication (i.e. diabetic, asthma, seizures)?

YES NO If yes, please explain: _____

ALLERGIES: Please put N/a if your child does not have an allergy

Food: _____

Medication: _____

Insect: _____

Seasonal: _____

Other: _____

Does your child require an Epi-pen? YES NO

If yes, you must provide the LSTC with an Epi-pen to be kept at the center during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

TERMS OF AGREEMENT

CODE OF CONDUCT: The safety of each individual in the program is of the utmost importance to the LSTC. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by LSTC staff. I hereby agree that any behavior of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the LSTC reserves the right to alter the program at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct.

Parent/guardian initials: _____

PHOTO RELEASE:

I, _____, the parent of a child/children at LSTC agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at LSTC during posted program times and activities. I understand that these photographs may be used in promoting the LSTC, either in print or on the Internet.

The child(ren) are known as: _____
With my signature I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the LSTC. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/guardian initials: _____

MEDICAL EMERGENCY:

In the event of an accident, injury or illness involving the registrant, and immediate contact by the LSTC with a designated contact cannot be made, I hereby authorize and grant permission to LSTC staff to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the LSTC responsible for any costs or injury arising out of an emergency situation.

Parent/guardian initials: _____

REFUND POLICY:

Members wishing to obtain a refund must request so in person. LSTC will issue a refund for any camp, clinic/program canceled due to low enrollment. Applications for refunds of camps, clinics/programs will only be accepted for documented medical conditions. Refunds may be prorated based on attendance. Otherwise, no refunds will be issued. For more information, contact the LSTC at 607-777- 3491.

Parent/guardian initials: _____

DISCLAIMER:

All camp programs are subject to change or cancellation due to low enrollment or other unforeseen circumstances that are prohibitive to the operation of the program. The LSTC is not responsible for lost or damaged personal property.

Parent/guardian initials: _____

REGISTRATION AGREEMENT:

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the Acknowledgment of Risk and Informed Consent, Code of Conduct, Photo Release, Medical Emergency Statement, Refund Policy and Disclaimer.

Date: _____ **Junior's name:** _____

Name of parent/guardian (print): _____

Parent/guardian signature: _____