

# Central Park Tennis Center 2010 Summer Camp Application

Please fill out the form and fax it to (212) 665-6978 and you will get a confirmation call. We are not responsible for make-ups if you miss a class. If the weather looks threatening, please check at the Pro-shop at (212) 316-0800 ext. 3 or 4 for updated court conditions. \*All rain dates will be made up throughout the summer. One-week cancellation policy in effect. No refunds given. We do not provide lunches or transportation. We do not receive mail in the park.

Date: \_\_\_\_\_ Parent: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

**Time: Tiny Tots (4-7 Years): Monday – Friday 9am – 10am week: \_\_\_\_\_ \$270 per week**

**JRS (8-15 Years): Monday – Friday 10am – 3pm week: \_\_\_\_\_ \$650 per week**

Forms of payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ (payable to Central Park Tennis)  
 Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ C.V.V: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

WEEK	DATES	WEEK	DATES
1	JUNE 7-11	7	JULY 19-23
2	JUNE 14-18	8	JULY 26-30
3	JUNE 21-25	9	AUGUST 2-6
4	JUNE 28 - JULY 2	10	AUGUST 9-13
5	JULY 5-9	11	AUGUST 16-20
6	JULY 12-16	12	AUGUST 23-27
		13	AUGUST 30 - SEPT. 3

**\*Rain Dates can be made up on any other camp week on Monday thru Friday in July & August.**

**\*Rain Dates must be complete by September 3.**

**\*Rain Dates in June can only be made up in July & August**

I understand and acknowledge the risk of injury are inherent in any program involving physical activity, as the Parent/Guardian of \_\_\_\_\_, I hereby waive and release any and all full rights and claims for damages I may have against Central Park Tennis Center, the program direct, tennis professionals, for any and all injuries sustained by the player, including transportation to and from program in connection with any participation in this tennis program. I so hereby give my consent to medical emergency or otherwise, inclusive of necessary transportation in order to receive treatment in the event of injury or any other illness with my child.

**FAX: 212-665-6978**