

West Austin Athletic Club Tennis Summer 2011

Come learn/improve your tennis skills and game with Coach Sarah Pernell. This summer WAAC is teaching tennis in three programs: Camps, Team Tennis, and Private and Semi-Private lessons. All programs teach tennis skills in a fun environment where kids and teens learn about the sport of tennis!



WAAC Warriors Tennis Team



June 6 - August 19 (11 weeks)
Tuesday/Thursday 7:30-9 am, Monday/Wednesday 6-7:30 pm
Practice Cost for Summer:
\$ 275 (2x per week), \$350 (3-4x per week), Team Fee: \$25

Semi-Private and Private Lessons: \$50/hour (semi is \$25/person). Register for 4 at a time for \$160

WAAC Camps which include tennis are Tennis Camp, Tennis & Swim Camp, and Court Sports Camp. These camps are one week, Monday-Friday from 9am-noon. An afternoon camp can be added for all day stay.

(WAAC members receive a 10% discount on tennis class costs)



Call Coach Sarah 466-6545 for more information!

Player's Name _____ Birthdate _____

Parents' Names _____ Email _____

Address _____ Zip _____

Phone numbers _____ WAAC member: yes no

Team Tennis 4 days OR 2 days (for 2 day option select morning or afternoon)

Tennis Lessons: Semi-Private or Private Circle which is better morning or afternoon

Payment: Member charge Check/Cash Credit Card (use Google checkout at www.wfly.com)

() My Family would like a WAAC summer membership for \$525. I have submitted the WAAC membership application.

Medical Information & Parental Consent:

I, the minor's parent and/or legal guardian, understand the nature of fitness activities at West Austin Athletic Club, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim. I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included below or on an attached sheet is information about my child's medical history and emergency contacts.

Parent's Signature & Date: _____

Doctor to call in emergency: _____

Please list on another sheet any medical information that the staff should know including allergies, medications, disorders, seizures, asthma, **anything** you think is important to help your child be successful at WAAC activities.