



# 2016 February Varsity, JV, Middle S.

63 S. Midland Blvd (208) 466-2284  
Nampa, Id 8365 rcrs@cableone.net

"Players with Experience and/ or instructor approval"  
Lloyd Williamson: 208-989-6394 & Lee Haskill: 208-899-9991

(If you are new to the program and do not know which level you should be in please contact Lloyd or Lee for a 20 minute evaluation. \$10)

**Varsity....** Tuesday 3:30-5:00pm, Friday 6:30-8:00 pm, Saturday 3:00-5:00pm (no clinic Feb 13)  
**JV.....** Thursday 3:30-5:30pm, Friday 5:00-6:30pm, Saturday 11:30-1:00pm (no clinic Feb 13)  
**Middle S..** Tuesday 5:00-6:30pm, Friday 3:30-5:00 pm, Saturday 1:00-3:00pm (no clinic Feb 13)

Please pay February dues 1<sup>st</sup> to receive member price for the full month (Jr. Membership is only \$20 per month!!! Includes tennis courts, gym, pool

**Full Month:** Member: 3 days wk \$99, 2 days wk \$80, 1 day wk \$60. Non-Member: 3 days wk \$132, 2 days wk \$104, 1 day \$80  
1<sup>st</sup> & 2<sup>nd</sup> wk only-February 2-12: Member: 3 days \$45, 2 days \$40, 1 day \$30. Non-Member: 3 days \$60, 2 days \$52, 1 day \$40  
3<sup>rd</sup> & 4<sup>th</sup> wk only-February 15-27: Member: 3 days \$54, 2 days \$40, 1 day \$30. Non-Member: 3 days \$72, 2 days \$52, 1 day \$40  
(pricing includes the Sat Feb 13 no clinic day, please do not pick Sat the 13<sup>th</sup> please pick another day)  
**Drop in/Daily Rate: Members\* \$15 Non-members \$20:**

\*\* **Is your information already on file? YES** (if yes we need your name only) **NO** (if no please fill out entire form)\*\*

**1<sup>st</sup> Player Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Days:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**2<sup>nd</sup> Player Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Days:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**3<sup>rd</sup> Player Name:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Days:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ (please circle best email to contact you)

**Dad's name** \_\_\_\_\_ **phone number** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Mom's name** \_\_\_\_\_ **phone number** \_\_\_\_\_ **e-mail** \_\_\_\_\_

Waiver: Parent and participant acknowledges that there is a risk of physical injury in any athletic sport including weightlifting, swimming, tennis, etc. and releases River City Racquet and Fitness Club, their agents and employees, from any liability for personal injuries or property damage occurring to a participant as a result of their participation in athletic endeavors at the club and agrees to observe the rules of safety and respect the property of the club or others. River City Racquet and Fitness Club is not responsible for lost or stolen articles or articles left in lockers over 30 days. Do not leave articles or clothing unattended

Signature that I have read and understand waiver \_\_\_\_\_

February Junior Membership 1<sup>st</sup> child \$ \_\_\_\_\_ 2<sup>nd</sup> child \$ \_\_\_\_\_ 3<sup>rd</sup> child \$ \_\_\_\_\_ (\$20 per month per child)

My family has membership \_\_\_\_\_

Non-Member(s) \_\_\_\_\_ guest fee(s) 1<sup>st</sup> child \$ \_\_\_\_\_ 2<sup>nd</sup> child \$ \_\_\_\_\_ 3<sup>rd</sup> child \$ \_\_\_\_\_

1<sup>st</sup> Child pay Full Month, (3 days per wk) take 10% off member clinic price

2<sup>nd</sup> & more Siblings 25% off full month, (3 per wk), member clinic price after 1<sup>st</sup> child paid for full month , 3 days per wk,

Coaches discount take 50% off per child off member clinic price):

1<sup>st</sup> child clinic price: \$ \_\_\_\_\_ 2<sup>nd</sup> child clinic price \$ \_\_\_\_\_ 3<sup>rd</sup> child clinic price \$ \_\_\_\_\_

**1<sup>st</sup> & 2<sup>nd</sup> wk only-February 2-12: \$ \_\_\_\_\_ 3<sup>rd</sup> & 4<sup>th</sup> wk only-February 15-27: \$ \_\_\_\_\_**

Drop-in: **Name:** \_\_\_\_\_ **date, pd** \_\_\_\_\_ **date, pd** \_\_\_\_\_ **date, pd** \_\_\_\_\_

Total paid \$ \_\_\_\_\_ Date pd \_\_\_\_\_ cc cash ck \_\_\_\_\_ Ready to file \_\_\_\_\_ emp initial \_\_\_\_\_

(Membership cannot be pro-rated, make-ups need to be done within the month, no refunds)

(Pre- pay the entire month of January & receive 1 free ½ hr private lesson from Lee & Lloyd: Date used: \_\_\_\_\_)



# 2016 February TOP GUN Tennis Invitation Only!!

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(If you are new to the program and do not know which level you should be in please contact Lloyd or Lee for a 20 minute evaluation. \$10)

\*\*\*\*\* (please pay February dues 1<sup>st</sup> to receive member price)\*\*\*\*\*

**(Jr. Membership is only \$20 per month!!! Includes tennis courts, gym, swimming pool!)**

**Tuesdays 8-9:30pm & Thursdays 7:00-8:30 pm**

**2 days per week: Members \$80.00 Non-Members \$120**

**1 day per week: Members \$45.00 Non-Members \$65**

Drop in price members: \$15 Non-members \$20

\*\* Is your information already on file? yes (if yes we need your name only) no (if no please fill out entire form) \*\*

**1<sup>st</sup> Player Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**2<sup>nd</sup> Player Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**3<sup>rd</sup> Player Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ (please circle best email to contact you)

**Dad's name** \_\_\_\_\_ **phone number** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Mom's name** \_\_\_\_\_ **phone number** \_\_\_\_\_ **e-mail** \_\_\_\_\_

Waiver: Parent and participant acknowledges that there is a risk of physical injury in any athletic sport including weightlifting, swimming, tennis, etc. and releases River City Racquet and Fitness Club, their agents and employees, from any liability for personal injuries or property damage occurring to a participant as a result of their participation in athletic endeavors at the club and agrees to observe the rules of safety and respect the property of the club or others. River City Racquet and Fitness Club is not responsible for lost or stolen articles or articles left in lockers over 30 days. Do not leave articles or clothing unattended

Signature that I have read and understand waiver \_\_\_\_\_

Please list any health issues or comments \_\_\_\_\_

February Junior Membership 1<sup>st</sup> child \$ \_\_\_\_\_ 2<sup>nd</sup> child \$ \_\_\_\_\_ 3<sup>rd</sup> child \$ \_\_\_\_\_ (\$20 per month)

My family has membership \_\_\_\_\_

Non-Member \_\_\_\_\_ guest fee \$ \_\_\_\_\_

1<sup>st</sup> Child pay Full Month, (2 days per week) take 10% off member clinic price

2<sup>nd</sup> & more Siblings 25% off full month, (2 days per week), member clinic price after 1<sup>st</sup> child paid for full month, 2days wk,

Coaches discount take 50% off per child off member clinic price):

1<sup>st</sup> child clinic price:\$ \_\_\_\_\_ 2<sup>nd</sup> child clinic price \$ \_\_\_\_\_ 3<sup>rd</sup> child clinic price \$ \_\_\_\_\_

Drop-in: **Name:** \_\_\_\_\_ **date,pd** \_\_\_\_\_ **date,pd** \_\_\_\_\_ **date,pd** \_\_\_\_\_

Total paid \$ \_\_\_\_\_ Date pd \_\_\_\_\_ cc cash ck \_\_\_\_\_ Ready to file \_\_\_\_\_ emp initial \_\_\_\_\_

(Membership cannot be pro-rated, make-ups need to be done within the month, no refunds)

