



# 2016 January 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 Jan 9)  
**JV.....** Thursday 3:30-5:30pm, Friday 5:00-6:30pm, Saturday 11:30-1:00pm (no clinic Jan 9)  
**Middle S..** Tuesday 5:00-6:30pm, Friday 3:30-5:00 pm, Saturday 1:00-3:00pm (no clinic Jan 9)

Please pay January 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 wk-January 5-15: Member: 3 days \$45, 2 days \$40, 1 day \$30. Non-Member: 3 days \$60, 2 days \$52, 1 day \$40  
2<sup>nd</sup> 2 wk-January 19-30: Member: 3 days \$54, 2 days \$40, 1 day \$30. Non-Member: 3 days \$72, 2 days \$52, 1 day \$40  
**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:** \_\_\_\_\_ **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 \_\_\_\_\_  
Please list any health issues or comments \_\_\_\_\_

January Junior Membership \_\_\_\_\_ (\$20 per month)

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

Non-Member \_\_\_\_\_

Siblings 25% off off member clinic price after 1<sup>st</sup> child paid for full month , 3 days,

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

Pay Full Month 3 days, take 10% off member clinic price

Clinic price:\$ \_\_\_\_\_

Total paid \$ \_\_\_\_\_ Date pd \_\_\_\_\_ cc cash ck Ready to file \_\_\_\_\_ emp initial \_\_\_\_\_  
(please select the days & prices listed, no switching days, make-ups or refunds or pro-rate

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