



2016 JANUARY TOP GUN Tennis Invitation Only!!

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

[Lloyd Williamson: 208-989-6394](tel:208-989-6394) & [Lee Haskill: 208-899-9991](tel: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)

******* (please pay December dues 1st 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

Members \$80.00* Non-Members \$120

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)****

1st Player Name: _____

Date of Birth _____ **Age** _____ **School** _____ **Grade** _____

2nd Player Name: _____

Date of Birth _____ **Age** _____ **School** _____ **Grade** _____

3rd 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 _____

January Junior Membership _____ (\$20 per month)

My family has membership _____

Non-Member _____

Siblings 25% off member clinic price after 1st child paid for full month , 8 days,

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

Pay Full Month 8 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