



# 2016 March 2<sup>nd</sup>-10<sup>th</sup> TOP GUN Tennis Invitation Only!!

63 S. Midland Blvd (208) 466-2284  
Nampa, Id 8365 [rcrs@cablone.net](mailto: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 March dues 1<sup>st</sup> to receive member price)\*\*\*\*\*

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

**Tuesdays 8:30-10:00 pm & Thursdays 7:00-8:30 pm**

**2 day per week for 2 weeks( 4 classes): Members \$40.00 Non-Members \$60**

**1 day per week for 2 weeks (2 classes): Members \$25.00 Non-Members \$35**

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:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Days:** \_\_\_\_\_

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

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

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

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

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

My family has membership \_\_\_\_\_ I have monthy auto cc Junior Membership \_\_\_\_\_

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

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

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