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## 2016 MINI-CHAMPS, CHAMPS TENNIS PROGRAM

Ages 7-12

**INSTRUCTORS:** Lee Haskill

**January:** 11,13,(No18 Martin Luther Day),20,25,27,Feb 1

**February:** 3,8,10 (No 15 Presidents Day), 17,22,24

**March:** Feb 29 (Mon), March 2 (Wed), March 5,12,19,26 (Saturdays) (6 classes)

**Please Note\*\*\*For March Mini-Champs & Champs will be combined for 1.5 hour class!!!!** (starting on March 5<sup>th</sup> Class will be on Saturdays 11:30-1pm)

**Monday(2/29) & Wednesday(3/2) 4:30-6:00 pm**

**Saturdays 11:30am-1:00pm (March 5,12,19,26)**

**Mini-Champs & Champs Ages 7-12**

(with instructors approval) (we need to have 3 signups to hold class)

**Pre-pay Full Session:** Member \$90, Non-member \$100

**Pre-pay 1/2 session:** Member \$50, Non-member \$60

**Pay By the day:** (price if not prepaying for 3 or more classes) Member \$17 per class, Non-member \$19 per class

**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> Child:** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Member Y N Class** \_\_\_\_\_

**2<sup>nd</sup> Child:** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Member Y N Class** \_\_\_\_\_

**3<sup>rd</sup> Child:** \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Member Y N Class** \_\_\_\_\_

**E-Mail** where you would like information sent \_\_\_\_\_

**Mom name & Phone number** \_\_\_\_\_

**Dad name & Phone number** \_\_\_\_\_

**Schools attending** \_\_\_\_\_ **Grades** \_\_\_\_\_

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 \_\_\_\_\_

Comments \_\_\_\_\_

### FOR OFFICE USE ONLY

**January:** full session pd \$: \_\_\_\_\_ 1/2 session pd \$: \_\_\_\_\_ per day pd: \_\_\_\_\_ cc cash ck Date: \_\_\_\_\_

**February:** full session pd \$: \_\_\_\_\_ 1/2 session pd \$: \_\_\_\_\_ per day pd: \_\_\_\_\_ cc cash ck Date: \_\_\_\_\_

**March :** full session pd \$: \_\_\_\_\_ 1/2 session pd \$: \_\_\_\_\_ per day pd: \_\_\_\_\_ cc cash ck Date: \_\_\_\_\_

\*(siblings get 25% off member clinic price after 1<sup>st</sup> child is paid in full for 6 classes,)

Ready to file \_\_\_\_\_ emp initial \_\_\_\_\_