


Seven Locks Swim and Tennis Junior Program Summer 2010 Registration	 Dexter MacBride Tennis Academy
Please print out this registration form, <i>complete for each person attending</i> and return with your payment Checks should be made payable to: Dexter MacBride Tennis Academy P.O. Box 60701, Potomac, MD 20859	

Name: _____	Skill Level: _____
Birth Date: _____	Email Address: _____
Street: _____	Contact Phone: _____
City: _____	Cell/Work Phone: _____
State: _____	Zip: _____

Physical limitations:

I understand that payment is due in full at the time I submit this application. There is a \$50.00 non-refundable application fee if my child withdraws less than 48 Hours prior to his/her first registered session. Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs and activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of the severity that my minor child/ward or I may sustain as a result of said participation. I do hereby fully release and forever discharge Dexter MacBride Tennis Academy, including all officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that my minor child/ward or may have or which may accrue to me or my child/ward and arising out of, or in any way associated with these programs/activities. I have read and fully understand the above information, assumption of risk, and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature

Signature: _____ Date: _____

If you have any questions, feel free to contact Dexter at 240-372-5527.
 We encourage early registration to ensure placement in the program of your choice. Just fill out the application and return it with payment at your earliest convenience. After-Care is also available, please contact Dexter for more information.

Please indicate appropriate Session and Week

Morning	Late Morning
----- 9:30 AM Session \$130.00	----- 10:30 AM Session \$65.00
----- Full Day Session \$275.00	----- Full Day Session \$225.00

Morning session ends at 11:30am. Full day session ends at 2:30pm, which includes an hour break for lunch and swim.

Please check box for the weeks your child will be attending

____ Week 1. June 21-25	____ Week 5. July 19-23	____ Week 9. Aug 16-20
____ Week 2. June 28-July 2	____ Week 6. July 26-30	____ Week 10. Aug 23-27
____ Week 3. July 5-9	____ Week 7. Aug 2-6	
____ Week 4. July 12-16	____ Week 8. Aug 9-13	

Total Weeks Attending: _____ **Session Price:** _____ **Total Remitted:** _____

The Dexter MacBride Tennis Academy

- **USPTA Certified Tennis Professionals**
- **Dexter and his staff have over 40 years of coaching experience**

For All Ages 5 and up and ALL Levels (grouped by Ability and Age)

Limited Enrollment, full day students have priority

Junior Tennis Program

- **Rain Policy (future session credit)**
- **Makeups (48hr. notice, full session credit)**