

WALTHAM ATHLETIC CLUB | SUMMER TENNIS PROGRAM

REGISTRATION

Fill out the form below and return to the Waltham Athletic Club at 249 Lexington St., Waltham, MA 02452. You may also sign up in person or by calling the WAC at 781-899-5000, ext. 31. Please call Barrett directly at 508-344-6571, or email him at barrettalston@gmail.com with any camp related questions.

Name () - -
Phone Number

Address City State Zip code

Age Level (please circle): beginner | intermediate | advanced

Emergency Contact Phone #

Select week(s):

June 22 - 26 <input type="checkbox"/> morning <input type="checkbox"/> full day	June 29 - July 2* <input type="checkbox"/> morning <input type="checkbox"/> full day	July 6 - 10 <input type="checkbox"/> morning <input type="checkbox"/> full day	July 13 - 17 <input type="checkbox"/> morning <input type="checkbox"/> full day
July 20 - 24 <input type="checkbox"/> morning <input type="checkbox"/> full day	July 27 - 31 <input type="checkbox"/> morning <input type="checkbox"/> full day	August 3 - 7 <input type="checkbox"/> morning <input type="checkbox"/> full day	August 10 - 14 <input type="checkbox"/> morning <input type="checkbox"/> full day

Payment Due With Registration

	Sign up before April 1	Sign up after April 1
Full Day (WAC member) :	\$355 / week	\$375 / week
Full Day (non-member) :	\$375 / week	\$395 / week
Morning Only (WAC member) :	\$230 / week	\$250 / week
Morning Only (non-member) :	\$250 / week	\$270 / week

*Holiday rate available

Payment Type - Cash Check Credit Card _____
Type Number Expires

Amount Paid _____ Date _____ Chit# _____ By _____

PLEASE NOTE: Waltham Athletic Club reserves the right to cancel any session that does not meet minimum enrollment requirements. Refunds will be issued only if the WAC cancels a program.

Summer Release Form

I release, absolve, indemnify, and hold harmless the Waltham Athletic Club in the event of personal injuries to my child sustained during the program.

SIGNATURE DATE