



Hillsborough Tennis Plus

6 Dickerson Rd, Hillsborough, NJ 08844 www.BoroTennisPlus.com

JUNIOR PROGRAM (Fall 2019)

APPLICANT INFORMATION					
Last Name		First	M.I.	Date	
Street			Apartment/Unit #		
City		State	ZIP	Date of Birth	Gender
Home Phone		E-mail			
Cell Phone		Work Phone	School Name	Grade	
Emergency Name & Phone #:					

Fall 2019 – 15 weeks (Wednesday Sept 4th – Thursday Dec 19)

					Drop-in
Junior High Performance (5 players)	Needs Approval	2 hours	\$1050		\$87
Elite HP	Needs Approval	2 hours	\$1100		\$87
Elite HP I	Needs Approval	1 hours	\$570		
High Performance (HP)	Needs Approval	2.5 hours	\$1180		\$87
High Performance I	Needs Approval	2 hours	\$1050		
Sunday Game Training (GT) ten pack	Needs Approval	2.5 hours	\$600		\$70

Junior Advance, Junior HP, High Performance, Elite HP						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Junior High Performance <input type="checkbox"/> 3-5 PM					Junior High Performance <input type="checkbox"/> 6-8 PM	Junior High Performance <input type="checkbox"/> 11-1 PM
High Performance <input type="checkbox"/> 1:30-4 PM		High Performance <input type="checkbox"/> 6-8:30 PM		High Performance <input type="checkbox"/> 6-8:30 PM	High Performance <input type="checkbox"/> 6-8:30 PM	High Performance <input type="checkbox"/> 11-1:30 PM
*GT <input type="checkbox"/> 6-8:30 PM						Girls HP <input type="checkbox"/> 4:30-6:30 PM
Elite High Performance <input type="checkbox"/> 11-1PM <input type="checkbox"/> 4-6 PM	Elite High Performance <input type="checkbox"/> 6-8 PM		Elite High Performance <input type="checkbox"/> 6-8PM			Boys Junior High Performance <input type="checkbox"/> 4:30-6:30 PM

*These classes needs a minimum of 3 students to be able to run the class.



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Makeup policy: two missed class within a 15-week session can be made up in another class of the same level within the same session. 24 hour notice must be given and makeup needs to be approved by the club. No makeup is allowed to be carried over to next session or given credit.

Liability waiver: I hereby represent to Hillsborough Tennis Plus, LLC, its affiliates, shareholders, partners, officers, agents, servants, employees and representatives (collectively, "HTP"), that I (or my child) am in good physical condition and am able to safely participate in HTP's fitness and sports programs. I acknowledge that HTP urges every participant to have a medical check-up before participating in any of HTP's programs. I appreciate the danger of physical stress, strain, or injury and assume whatever risk is involved as a result of my (my child's) use of the facilities, equipment or services of HTP. I hereby release and hold HTP harmless from and against any and all claims, liability, loss, damage, or injury sustained or incurred in connection with my (my child's) use of the facilities, equipment or services of HTP, and waive any and all claims against HTP for any damage or liability resulting from or in connection with such use. I hereby authorize and consent for participant to be transported from HTP for such emergency medical treatment as may be determined to be in participants best interests by the appropriate medical personnel, and I and participant hereby release and hold harmless HTP in connection therewith. It is also agreed that HTP shall not be responsible or liable to me (or my child) for articles or property lost or stolen at HTP. It is also agreed that any damages to HTP facilities or property or to the property of any junior/adult by another junior/adult is the sole responsibility of the offending adult or junior's parent or guardian. I hereby grant HTP my consent and permission to use my (my child's) name, portrait, picture, image/video, statements and comments and to copyright, use and publish the same in whole or in part, in any media for purposes relating to the business and activities of HTP, including trade or advertising. I hereby release and discharge HTP from any claims and demands arising out of or in connection with such use, including but not limited to any and all claims for libel or invasion of privacy. This release, waiver and consent shall be binding upon me and my heirs, legal representatives and assigns.

___ Yes, I accept all terms as outlined above

Signature of participant/parent/guardian: _____ Date: _____

Name (print) of participant: _____ Name (print) of parent/guardian: _____