



# Hillsborough Tennis Plus

6 Dickerson Rd, Hillsborough, NJ 08844 [www.BoroTennisPlus.com](http://www.BoroTennisPlus.com)

Phone: 908-255-4678

Email: [info@BoroTennisPlus.com](mailto:info@BoroTennisPlus.com)

## Summer Class registration

Last		First	M.I.	Date
Street Address	Apartment/Unit #			
City		State	ZIP	
Phone		E-mail Address		
Cell Phone		Work Phone	Date of Birth	
Emergency Contact Name & Phone #				
Tennis Level	<input type="checkbox"/> QuickStart (8 and under)	<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced	<input type="checkbox"/> HP
Session	<input type="checkbox"/> 9-11:30 am <input type="checkbox"/> 1-3:30 am	<input type="checkbox"/> 9-11:30 am <input type="checkbox"/> 1-3:30 pm	<input type="checkbox"/> 9-11:30 am <input type="checkbox"/> 1-3:30 pm	<input type="checkbox"/> 6-8:30pm HP * JHP
Half day	\$250 per week	\$250 per week	\$260 per week	\$270 per week
Two half days	\$400 per week	\$400 per week	\$400 per week	
				Babysitting: \$50 per week, Daily drop-in: \$60/half day

6/21-6/25	6/28-7/2	7/5-7/9	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6	8/9-8/13	8/16-8/20	8/23-8/27	8/30-9/3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Payment

Registration requires payment in full (non-refundable)  
 Check, cash and credit card are accepted.  
 Receipts for dependent care accounts will be provided with our tax identification.

Payment method: Cash  Check  Credit card

Balance due in total: \_\_\_\_\_ Date \_\_\_\_\_

Quick Start 8 under Beginner	11:30am-12:30pm 5pm-6pm	\$120 per week, one hour
Intermediate Advanced	4:30pm-6pm	\$180 per week, 1.5 hours
Match Play (one hour)	8am-9am, 11:30am-12:30pm	\$15 per hour
Match Play (two hours)	1pm-3pm, 4pm-6pm	\$25 per two hours Drop in: \$30



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**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. HTP doesn't administer medication.

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.

Name (print) of participant: \_\_\_\_\_

Name (print) of parent/guardian: \_\_\_\_\_

Signature of participant/parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_