

**GET READY NOW for
Fall 2010 Try-outs**

Springfield Racquet & Fitness Center

Volleyball Clinics

Intermediate, Middle & High School

Tuesdays and Saturdays

July 27th—August 7th

High School Tuesdays 7-9pm and Saturdays 1-3pm
Ages 12-14 Tuesdays 6-7pm and Saturdays 10-11am
Ages 9-11 Tuesdays 5-6pm and Saturdays 9-10am



Instructed by
Kathryn Sprague
 Former Player at
 University of Tennessee

Open to Members & Non-Members



Rates per Student	2 Weeks (4 classes) Single Class	High School	Ages 12-14	Ages 9-11
		\$112	\$56	\$56
		\$40	\$20	\$20
SRFC Family Members	2 Weeks Single Class	\$72	\$36	\$36
		\$30	\$15	\$15

Weekly Rates are for 2 Weeks Paid in FULL—4 Student Minimum per class
 Class Fees are Non-Refundable

Student Name _____ Street _____ City/Zip _____

AGE _____ BirthDate _____ Home Phone _____ Cell _____ Email _____

Parent Name _____ Work Phone _____ Cell _____ Email _____

Waiver: I have read and do accept the policies listed above and herein. I also understand and acknowledge the risks and activities associated with activities at Springfield Racquet & Fitness Center including but not limited to tennis, physical fitness and recreational activities, and give my/our approval for minor child(ren) to participate in such activities, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to myself, my family and my/our child from all liability, claims, demand, losses, negligence or damages on the minor's, my family's or my account caused or alleged to be caused in whole or in part by the negligence of the Releases or other wise including negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, attorney fees, loss liability, damage or cause any may incur as the result of any such claim.

Consent: I do hereby give consent to medical care, emergency or otherwise, including any necessary transportation, in event of injury to or any illness with my child/ward or myself. I also consent to photographs/videos taken at the clinic, lesson or program that may include my child, ward or myself being used for advertising and other media efforts.

Parent/Guardian Signature _____ Date: _____

Springfield Racquet & Fitness Center 3725 Chatham Road Springfield, IL 62704 Phone: 217-787-2460
 FAX: 217 787-2131 www.springfieldracquetandfitness.com

TOTAL PAYMENT: _____

Payment Method: Check Enclosed Payable to Springfield Racquet & Fitness Center SRFC HOUSE ACCOUNT

Credit Card Card Type _____ Card Number _____ Expiration Date _____

Cardholder Name _____ Signature _____