

APPLICATION FOR AFTER SCHOOL TENNIS PROGRAM

September 11, 2017 - June 2, 2018

Please complete entire application and mail or fax to the address below.

Camper's Name: _____ Age: _____ M/F: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parents' Email: _____

Parents' Phone: Daytime: (____) _____ Cell: (____) _____ Fax: (____) _____

*Junior Cell: (____) _____ *Junior cell number is required

Emergency Contact: _____

Roommate Request: _____

Tennis Ability Level: _____

TENNIS TRAINING DATES (We recommend checking availability prior to completing application as black-out dates apply)

Week 1: Start Date ____/____/____

Week 3: Start Date ____/____/____

End Date ____/____/____

End Date ____/____/____

Week 2: Start Date ____/____/____

Week 4: Start Date ____/____/____

End Date ____/____/____

End Date ____/____/____

Full Week

Mon. - Fri. 3:00pm - 6:00pm

Saturday 9:00am - 11:00am

\$450.00/week

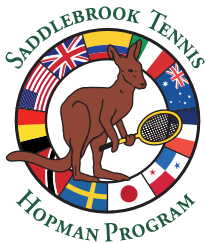
Twice Weekly

Mon. and Wed. 3:00pm - 6:00pm

\$159.00/week

CONFIRMATION INFORMATION

Payment in full is required in order to confirm your reservation. Applications must be received more than 7 days prior to Start Date. Written cancellations received more than 7 days prior to Start Date will receive a refund less \$50 handling charge per person. Cancellations received less than 7 days prior to Start Date will not receive a refund. We cannot issue refunds, but a rain check for a later date may be offered due to injury or inclement weather. After payment is received a confirmation will be sent in 7-10 days. Call 800-729-8383 ext. 4200 if you have any questions.



MEDICAL PAYMENT INFORMATION

In case your child needs medical treatment during his/her stay, the following information is required:

Camper's Name: _____ Age: _____ M/F: _____

Start Date: _____

Insurance Provider: _____ Policy #: _____

Claims Address: _____

Please provide us with copy of both sides of your insurance card.

Phone Number: (_____) _____

Payment for medical services (*circle one*): Visa MC AX Discover

Card Number: _____ Exp. Date: _____

Card Holder Name (*print*): _____

Card Holder Signature: _____

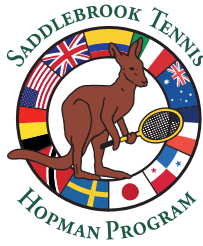
Completed applications must be received (via mail, fax, or email) no later than 7 days before camper's Start Date.

Mail: Reservations Department
 Saddlebrook Resort
 5700 Saddlebrook Way
 Wesley Chapel, FL 33543

Fax: (813) 907-1608

Email: hopman@saddlebrook.com

If you have any questions, please call us at 800-729-8383 ext. 4200



MEDICAL, SEARCH AND RECREATIONAL RELEASE

I, the parent or guardian of _____ by initialing the following items, acknowledge my consent and agreement that Saddlebrook Resort and/or Saddlebrook Golf Academy (SGA) and/or Hopman Tennis Program is authorized; to administer or consent on my behalf to administration of emergency medical care to my child(ren), and I certify that my child(ren) are fit and able to engage in rigorous physical training; My signature below indicates that on behalf of myself, my spouse, and my minor child(ren), I acknowledge and agree that;

- a. my child(ren)'s participation in rigorous, physical training, and transportation to and participation in said recreational activities can be dangerous and involve the risk of serious bodily injury;
- b. I assume FULL RESPONSIBILITY FOR AND ALL SUCH RISK of my child(ren)'s engaging in these activities, and Hopman/SGA and its agents shall not be liable for any lawsuits, claims or damages arising from any of these actions or activities REGARDLESS OF FAULT OR NEGLIGENCE of Hopman/SGA;
- c. I will defend, indemnify, and hold harmless HOPMAN/SGA, including and attorney's fees, from any lawsuits, claims or damages arising in connection with my child(ren)'s actions or activities on or off of the Saddlebrook premises, REGARDLESS OF ANY FAULT OF Hopman/SGA, or arising in connection with enforcement of the provisions of this agreement.

Signature of Parent or Guardian: _____ Date: ____/____/____

Family Physician: _____ Phone #: (____) _____

Please include special instructions on a separate sheet (medications to be administered, allergies, injuries, etc.)

CREDIT CARD AUTHORIZATION AFFIDAVIT

All areas must be completed. The cardholder and the guest are jointly liable for all charges incurred at Saddlebrook Resort. A credit card must be submitted and remain on file to ensure payment of any damages to the property or accommodations that may occur during your stay.

I, _____, authorize _____ and Saddlebrook Resort to use this

American Express Discover Master Card Visa

Tennis Program

Credit Card # _____ Exp. Date ____/____ Total Amount: \$ _____

Print Name on Card: _____ Signature: _____

Phone Number: (____) _____ Fax Number: (____) _____

There will be an additional 3% service fee for all credit card charges over \$10,000. 00

Completed applications must be received (via mail or fax) no later than 7 days before camper's arrival date.

Mail: Reservations Department
Saddlebrook Resort
5700 Saddlebrook Way
Wesley Chapel, FL 33543

Fax: (813) 907-1608

Email: hopman@saddlebrook.com

If you have any questions, please call us at 800-729-8383 ext. 4200