

2009 CHICAGO PRAIRIE TENNIS CLUB & XS TENNIS

SUMMER CAMPS



June 22nd thru August 14th

Monday - Friday 9am to 4pm

\$999 for both the morning and afternoon sessions

(A \$200 non-refundable deposit is required by May 22, 2009. Program price will increase to \$1198 if deposit is not received by May 22nd)

\$599 for 9am-12pm session - \$599 for 1pm-4pm session

(\$200 non-refundable deposit due at the time of registration)

Cost includes Chicago Prairie Tennis Club Membership

2009 Summer Camp Registration Form

_____ Sports Camp

_____ High Performance Tennis Camp

PLEASE PRINT

FIRST NAME MIDDLE NAME LAST NAME

HOME ADDRESS CITY STATE ZIPCODE

HOME PHONE HOME FAX NUMBER EMAIL ADDRESS

BIRTHDATE M / F GENDER HOME EMAIL ADDRESS

PARENT/GUARDIAN PHONE

PARENT ADDRESS (if different from child) CITY STATE ZIPCODE

BUSINESS PHONE BUSINESS FAX NUMBER EMAIL ADDRESS

In case of emergency, please contact PHONE

Shirt Size Pants Size Shoe Size

1301 E. 47th Street - Chicago, IL 60653
773-548-PLAY (7529)
www.xstennis.com

CPTC Tennis Waiver and Release

I am aware that participating in the Program is a potentially hazardous activity and that I should not enter and exercise unless I am physically able. I recognize and acknowledge that I have elected to participate in the Program and that there are risks of physical injury in connection with my participation. I hereby represent that I am in good health and am not aware of any existing medical or other condition that might prevent or impair my participation in the Program or that may be aggravated by my participation. I agree to abide by the rules and the decision of any instructor or supervisor of the Program relative to my ability to safely participate in the Program, although I acknowledge and agree that such instructor or supervisor shall have no obligation or duty to evaluate or determine my health, my physical abilities or the appropriateness of my participation in the Program. I assume all risks, regardless of severity, associated with or resulting from my participation in the Program, including, but not limited to, injuries, damages and losses of any type or nature, all such risks to myself being known and appreciated by me. In consideration of your permitting my participation in the Program, I hereby release, waive, indemnify, defend and hold harmless Chicago Prairie Tennis Club, Lake Meadows Tennis Center, XS Tennis, Bally's Total Fitness, Lake Meadows Phase I A Limited Partnership, Lake Meadows Phase II A Limited Partnership, Draper and Kramer, Incorporated, and their principals, directors, officers, directors, partners, agents, contractors and employees from any and all claims, causes of action, damages and losses (including, without limitation, death or personal injury) resulting from or in any way related to my participation in the Program.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, recordings or any other record of this event for any legitimate purpose, including advertising.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER AND RELEASE OF ALL CLAIMS SET FORTH ABOVE.

XS Tennis Waiver and Release

You (Buyer, Member, parent, spouse, or guest, as applicable) agree that if you are present for any reason, have interaction of any kind with or from anyone else, engage in any physical exercise or activity or use any facility, on club property or elsewhere at a club-sponsored event or program, you do so at your own risk. You assume this risk for all likely and unlikely, reasonably and unreasonably expected experiences or occurrences. This includes, without limitation, your use of the equipment, locker room, tanning, showers, pool, whirlpool, sauna, steam room, parking area or sidewalk and your participation in any activity, class, program, personal training or other instruction now or in the future made available. You agree that you are voluntarily participating in these activities and using the activities, equipment, and facilities and assuming all risk of injury or you contraction of any illness or medical condition that might result there from or any damage, loss or theft of any personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, spouse, administrators, agents, assigns or others) to release and discharge us and Bally Total Fitness Corporation ("Bally"), our, and their affiliates, employees, agents, representatives, successors and assigns from any and all claim or causes of action arising out of our negligence or the negligence of Bally. This Waiver and Release of all liability include without limitation, injuries which may occur as a result of (a) your use of any facility or its improper maintenance, (b) your use of any exercise equipment which may malfunction or break, (c) our improper maintenance of any exercise equipment, (d) our negligent instruction or supervision, (e) our negligent hiring or negligent retention of any employee, (f) loss of consortium, (g) your slipping and falling while in the club or on the surrounding premises or (h) first aid, emergency treatment or any other services which are negligently rendered or failing to be rendered by released parties, emergency personnel or Good Samaritans, or our negligently preventing Good Samaritan from rendering first aid.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITON, YOU DO HEREBY WAIVE ANY RIGHT THT YOU MAY HAVE, BY OR ON BEHALF OF YOURSELF, YOUR SPOUSE OR ANY CHILD (MINOR OR OTHERWISE), TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST US OR BALLY FOR OUR OR THEIR NEGLIGENCE OR ARISING OUT OF OR RELATING TO PARTICIPATION BY YOU, YOUR SPOUSE OR CHILD IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES WE OR BALLY PROVIDE AS DESCRIBED IN THIS PARAGRAPH , OR ON ACCOUNT OF ANY ILLNESS OR ACCIDENT, OR DAMAGE TO OR LOSS OF YOUR PERSONAL PROPERTY.

You agree to indemnify, defend and hold harmless Bally and us (and our affiliates, employees, agents, representatives, successors, assigns and others) from all claims, losses, damages, and causes of action to which we or Bally may be subjected arising from or relating to participation by Buyer, Member in any of the activities, or use of the equipment, facilities or services we or Bally provide, as further described in this Paragraph

Such indemnification will relieve Bally and us of the consequences of its own actions, inactions or negligence. You further agree to accept full responsibility for the cost of treatment for any injury to Buyer, Member, or the parent, spouse, child (minor or otherwise) or guest of Buyer or Member.

Signature_____ Date_____

All Parents utilizing before and after care are required to leave a credit card on file. Before and after care is \$5/hr, and will be billed weekly.

AUTHORIZATION FOR RECURRING CREDIT CARD PAYMENTS AND LATE CANCELLATIONS

I hereby authorize XS Tennis Inc. to charge my MasterCard VISA American Express Discover

Account #:_____ Expiration Date:_____

For membership dues and all other XS Tennis Inc. charges. I understand that it is my responsibility to make sure that the credit card and number listed on this agreement are current and valid. If, for any reason, the XS Tennis Inc. charges are not accepted by the credit card company, I understand that a \$10 service charge will be added to my bill and I am responsible for payment. This service charge may change from time to time with notice.

SIGNATURE_____ DATE_____