

Country Glen Swim and Tennis Club

Presents

The Dexter MacBride Tennis Academy

- USPTA Certified Tennis Professional
 - 20+ years Teaching Experience

For ALL ages 5 and up and ALL Levels (grouped by Ability and Age)
Limited enrollment, full day students receive priority

Junior Tennis Program

- 10 Weeks Available Starting JUNE 16, 2008 Monday-Friday(except Holidays)
- Rain Policy(future session credit)
- Makeups(Please Give 48hrs notice, future session credit will be offered)
- Summer Pass for Full Session Available

10 Week Program & Fees

Full Morning/Day Programs

9:00 AM – 11:00 AM	Monday – Friday	\$130/per week
9:00 AM – 2:00 PM	Monday – Friday	\$275/per week*

Mid Morning/Day Programs

9:30 AM – 11:00 AM	Monday – Friday	\$100/per week
9:30 AM – 2:00 PM	Monday – Friday	\$250/per week*

Coming From Swim Practice?

10:00 AM – 11:00 AM	Monday – Friday	\$65/per week
10:00 AM – 2:00 PM	Monday – Friday	\$225/per week*

*Full Day includes lunch/swim break

See Attached Registration Form. For questions, please contact Dexter MacBride at (240) 372-5527. You may also visit the website: www.countryglen.org

Country Glen Swim and Tennis Club

10055 Glen Rd

Potomac, Maryland, 20854

**Country Glen Swim and Tennis
Junior Program
Summer 2008 Registration**

Dexter MacBride



Tennis Academy

Please print out this registration form, *complete for each child attending* and return with your payment.

Checks should be made payable to:
Dexter MacBride Tennis Academy

P.O. Box 60701, Potomac, MD 20859

Child's Name: _____

Skill Level: _____

Birth Date: _____

Email Address: _____

Parent's Name: _____

Alt Email Address: _____

Street: _____

Contact Phone: _____

City: _____

Emergency Phone: _____

State: _____ Zip: _____

Work Phone: _____

Physical limitations - please list any limitations or injuries which may inhibit or limit child's activity:

I understand that payment is due in full at the time I submit this application. There is a \$50.00 non-refundable application fee if my child withdraws 48 Hours prior to his/her first registered session. Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs and activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of the severity that my minor child/ward or I may sustain as a result of said participation. I do hereby fully release and forever discharge Dexter MacBride Tennis Academy, including all officials, agents, volunteers and employees from any and all claims for injuries, damages or loss that my minor child/ward or may have or which may accrue to me or my child/ward and arising out of, or in any way associated with these programs/activities. I have read and fully understand the above information, assumption of risk, and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature

Signature: _____

Date: _____

We encourage early registration to ensure placement in the program of your choice. Just fill out the application and return it with payment at your earliest convenience. Members have priority until June 1st 2008. If you have any questions, feel free to contact Dexter at 240-372-5527.

Please indicate appropriate Session and Week

Early Morning	Mid Morning	Late Morning
_____ 9:00AM Session \$130.00	_____ 9:30AM Session \$100.00	_____ 10:00AM Session \$65.00
_____ Full Day Session \$275.00	_____ Full Day Session \$250.00	_____ Full Day Session \$225.00

Please check box for the weeks your child will be attending

_____ Week 1. June 16-20	_____ Week 5. July 14-18	_____ Week 9. Aug 11-15
_____ Week 2. June 23- 27	_____ Week 6. July 21-25	_____ Week 10. Aug 18-22
_____ Week 3. July 30- 4*	_____ Week 7. July 28 – Aug 1	
_____ Week 4. July 7-11	_____ Week 8. Aug 4-8	

*No class on July 4th, session will be prorated at 20% discount of weekly rate

Total Weeks Attending: _____ **Session Price:** _____ **Total Remitted:** _____