

Make checks payable to: JETA
Mail to Ron Albers 120 Pine St. Vincennes, IN 47591

JETA will not be responsible for furnishing medical treatment or hospitalization for injuries or illness.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone(s) _____

School _____ **Grade (Sept, 2008)** _____ **Age** _____

Shirt size (please circle) Child M L Adult S M L XL

In case of illness/injury emergency treatment is authorized. Applicant is covered by _____ Insurance Co. Policy # _____

Week one: July 7 – 10 \$85.00 _____

Daily: \$25.00 Mon. ___ Tues. ___ Wed. ___ Thur. ___

Week two: July 14 – 17 \$85.00 _____

Daily: \$30.00 Mon. ___ Tues. ___ Wed. ___ Thur. ___

Both weeks: \$140.00 _____

Parent Medical Authorization

The applicant, and parent or guardian if under the age of 18, understands the applicant will be engaging in physical activity during the program, which contains an inherent risk of physical injury. The undersigned parent or guardian assumes this risk and releases its officers, director, agents, and employees from any and all liability for personal injury arising out of the applicant's participation in the tennis academy program. I hereby grant my permission for my son/daughter to attend the academy and be treated by a licensed physician or member of the athletic training staff during the event for any injury, accident, illness or other mishap.

Parent/Guardian signature _____