



Colossal Tennis Summer Registration 2024 (6/10-8/30)

Name _____ DOB _____ Male Female
 Address _____
 Parent/Guardian Name _____
 Phone _____ Email _____

Program: Elite Performance

Half Day * (M-F, 9 am-12 pm)	Full Day * (M-TH, 9 am-12 pm & 1-3 pm)	Academy (Unlimited Classes & More!)
\$1620	\$3000	\$5000
Additional classes **	Half Day	Full Day ***
Daily rate	\$90	\$150

*Starting price includes the 18 class days required to enroll in summer training

**Additional Half or Full Day classes may be added to your program purchase at the daily rate

***A Full Day class also counts towards the Half Day requirement (Ex. 10 Full Days also counts as 10 Half Days)

Half Day Full Day Academy

Indicate All Individual Days of Attendance Below

Summer Training Weeks

	<u>Half Days</u>	<u>Full-Days</u>
<input type="checkbox"/> Week 1 (6/10-6/14)	_____	_____
<input type="checkbox"/> Week 2 (6/17-6/21)	_____	_____
<input type="checkbox"/> Week 3 (6/24-6/28)	_____	_____
<input type="checkbox"/> Week 4 (7/1-7/3) No class 7/4-7/5	_____	_____
<input type="checkbox"/> Week 5 (7/8-7/12)	_____	_____
<input type="checkbox"/> Week 6 (7/15-7/19)	_____	_____
<input type="checkbox"/> Week 7 (7/22-7/26)	_____	_____
<input type="checkbox"/> Week 8 (7/29-8/2)	_____	_____
<input type="checkbox"/> Week 9 (8/5-8/9)	_____	_____
<input type="checkbox"/> Week 10 (8/12-8/16)	_____	_____
<input type="checkbox"/> Week 11 (8/19-8/23)	_____	_____
<input type="checkbox"/> Week 12 (8/26-8/30)	_____	_____

Half Days _____ Half Day Price \$ _____ Full Days _____ Full Day Price \$ _____
 Academy \$ _____ Refer-A-Friend Discount: \$ _____ **GRAND TOTAL \$ _____**

Payment must be received at time of registration

Choose A Payment Method

- CHECK to Colossal Tennis, LLC
- PAYPAL (Click the link to pay securely online)

Please Email Completed Forms To:

Danny Kantar (612-910-3864); danny@colossaltennis.com

Mail checks & hard copy forms to: Colossal Tennis LLC, 8014 Olson Memorial Hwy 55, Suite 522, Golden Valley, MN 55427



TERMS AND CONDITIONS

Registration Policy

- ï Registration will only be confirmed after this form is returned and payment is received in full.
- ï Registration will be limited by class size, the pre-requisite class requirements, and for certain classes approval by the Colossal Tennis directors.

Payment Policy

- ï Payment must be received in full prior to the start of the current session.

Cancellation Policy

- ï A full refund will be provided only if the request for cancellation to a Colossal Tennis session program is provided in writing at least 7 days prior to the beginning of the first class of the session.
- ï Colossal Tennis reserves the right to cancel classes due to insufficient registration. If a class is cancelled, Colossal Tennis will find another class time for your child. If a suitable alternative class can not be found, payment received prior to the start date will be refunded in full.

Make---up Policy

- ï There are no refunds, prorating, or credits provided for missed classes.
- ï No make-ups will be provided for classes missed by participants.

Inclement Weather Policy

- ï If inclement weather leads to the cancellation of outdoor class, every attempt will be made to secure an indoor tennis court replacement. If no indoor tennis court space can be arranged Colossal Tennis will attempt to secure space to conduct fitness training, mental training, and video analysis instruction indoors.
- ï If no indoor space can be secured, a credit will be provided for an alternate class for use in the current session only.

Release of Liability

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised against participating by a qualified medical professional. I certify that there are no health---related reasons or problems, which preclude my participation in this activity or event. Additionally, I agree to follow all of the Covid-19 safety precautions outlined by Colossal Tennis. I certify that I'm uninfected by the Covid-19 virus and I participate in this activity at my own risk, and that Colossal Tennis will not be held responsible for any future contraction of this or any other virus.

I acknowledge that this Waiver and Release of Liability Form will be used by Colossal Tennis, and that it will govern my actions and responsibilities at any event, practice, or related activity. I waive, release, and discharge Colossal Tennis, its employees, and independent contractors from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from any event. I acknowledge that Colossal Tennis and their staff are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of Colossal Tennis. The waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable Minnesota law. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during any activity or event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A CONTRACT, AND IS A LEGALLY BINDING DOCUMENT, AND I SIGN IT OF MY OWN FREE WILL.

Participant Name _____
 Parent/Guardian Signature _____ Date _____
 (For students 18 & Under)

Media Consent Release

I authorize and permit the child named below to be included in photographs and videos that may be used for display by Colossal Tennis in informational and promotional publications, including but not limited, to the Colossal Tennis website. I understand that Colossal Tennis retains the rights to edit and reproduce these images without prior approval and that I will not receive compensation for the use of these images.

Participant Name _____
 Parent/Guardian Signature _____ Date _____
 (For students 18 & Under)