



# PATE ACADEMY

## AT LTP TENNIS SUMMER ACADEMY REGISTRATION May 30 - August 12, 2022

Player Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Contact Name & # \_\_\_\_\_

Allergies or Medical Conditions:

### Summer Program:

#### Mornings

2 days of semi-private work (2 hours)	5 mornings of Advanced Fitness Program
Serve/Return Strategy	(30-45 minutes each day)
Transition and Attacking Balls	3 mornings of shot tolerance and point
Finishing Plays	construction (2 hours)

#### Afternoons

Coached Matchplay, Strategy and Mental Performance Training  
(2-2.5 hours each day)

### PAYMENT OPTIONS

• \$3975 (or two payments of \$1,987.50) 11 week program

• \$2400 (or two payments of \$1,200) 4 week program

• \$850 (includes one private lesson) weekly program

### PAYMENT IN FULL or 1st PAYMENT DUE WITH REGISTRATION

Payment in Full \$ \_\_\_\_\_ OR First Payment \$ \_\_\_\_\_ Start Date \_\_\_\_\_

I authorize Charleston Tennis LLC dba LTP Tennis, LLC to charge the below credit/debit card for payments at this time and in the future as agreed to with Pate Academy and by this registration. I understand that I must give a written 4-week notice to leave this program for any reason or I will be responsible for the next installment/tuition payment. I also understand that refunds or makeups will take place only for injury, illness, or exceptional circumstances, as determined by Pate Academy. Should it be necessary for Pate Academy or Charleston Tennis LLC dba LTP Tennis, LLC to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, Pate Academy or Charleston Tennis LLC dba LTP Tennis, LLC shall be entitled to collect all attorney's fees and costs expended in the enforcement of the terms of the agreement. I agree that I am the responsible party and in signing this agreement I agree to be responsible for and pay all fees associated with this program.

Credit Card # \_\_\_\_\_ CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact: Randy Pate (704)929-9865 or Cris Robinson (804)350-1288 / crisrobinson24@gmail.com

Please read before signing:

**WAIVER AND LIABILITY RELEASE**

In consideration of being allowed to use the tennis, exercise, and other equipment and facilities of LTP LLC (LTP) or Charleston Tennis LLC (FCTC) as (the "Facilities"), and to participate in classes, sports events, exercise programs and other activities held at or occurring as part of the Randy Pate Tennis Academy (RPTA) on LTP's premises or FCTC' premises, including, but not limited to, those offered in connection with any program, event, or other function held at or occurring in the RPTA programs (the "Activities"), the undersigned acknowledges, appreciates, and agrees as follows:

- 1. The risk of injury from my use of the Facilities and participation in the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below) or others and assume full responsibility for my use of the Facilities and participation in the Activities.
- 3. I willingly agree to comply with the stated and customary terms and conditions for my use of the Facilities and participation in the Activities. If, however, I observe any unusual significant hazard in my presence or during my use of the Facilities or participation in the Activities, or I otherwise believe any conditions or equipment of LTP or FCTC to be unsafe, I will immediately discontinue further use of the Facilities and participation in the Activities and bring the aforementioned to the attention of the nearest LTP or FCTC staff member immediately. I agree to comply with LTP's and FCTC's membership policies and rules that may be communicated to me from time to time either in writing, through signage or verbally. LTP and FCTC may, in its sole discretion, modify the policies and any rule without notice at any time. LTP and FCTC reserves the right to refund the pro-rated cost of unused services and terminate my membership immediately for violation of any membership policy or rule.
- 4. If applicable, I give my permission for the Minor to use transportation, as needed, to tournaments and across tennis facilities located at LTP and FCTC. I recognize and acknowledge that the Program is neither a common carrier nor in the business of providing transportation services. I give my permission for the Minor to be transported by a tennis coach or other commercial transportation company.
- 5. I, for myself and on behalf of my heirs, assigns, personal representatives, executors, administrators, and next of kin, HEREBY RELEASE AND AGREE TO HOLD HARMLESS RANDY PATE TENNIS ACADEMY, LTP LLC, CHARLESTON TENNIS LLC, its parents, affiliates, subsidiaries, related companies and their members and the officers, directors, officials, agents, employees, volunteers, representatives, other participants, sponsoring agencies, sponsors and advertisers of the forgoing (together, "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 6. I hereby authorize RPTA, LTP and FCTC to allow the reproduction, dissemination, and publication of my name, likeness, and voice (including, but not limited to, by photograph, film, and/or video tape recording) in connection with my use of any of the Facilities or my participation in any of the Activities, for media coverage, public relations, or any other purpose. I understand and agree that I may neither pay a fee to receive individual promotional consideration from my use of the Facilities or participation in the Activities, nor will I receive any payment for the possible commercial use of my name, likeness, or voice as contemplated hereunder.

I HAVE READ THIS WAIVER AND LIABILITY RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AS OF THE DATE OF MY SIGNATURE BELOW, OR THAT I AM AUTHORIZED BY MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE ON THE AUTHORIZATION AND WAIVER BELOW.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Parent/Guardian Authorization and Waiver:**

This is to certify that I, as the parent/guardian of the above-named person, have the right and authority to sign this waiver and liability release on his/her behalf and do hereby consent and agree to his/her release of all Releasees as provided above. For myself, my heirs, assigns, personal representatives, executors, administrators, and next of kin, I HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all liabilities incident to the above-named person's use of the Equipment or participation in the Activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further grant to RPTA, LTP, FCTC the right to act as guardian/spokesman in granting permission for emergency treatment or hospitalization (including anesthesia) if necessary for my child en route to, from, or at the site of RPTA, LTP, FCTC or hospital or other medical facilities. I understand that should a health emergency arise, an attempt will be made to notify me, but that if I cannot be reached promptly by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_