



**WILLIAM & MARY**  
MCCORMACK-NAGELSEN TENNIS CENTER

## **MNTC Birthday Party Contract**

*Thank you for choosing MNTC to celebrate your special day!*

### **How to Book Your Party**

Contact Neely Zervakis at 757-221-7378 or [nedwards@wm.edu](mailto:nedwards@wm.edu) to reserve your Pro(s) and courts.

### **Includes:**

- 2 hour use of upstairs lounge, kitchen access refrigerator/cooler and ice, tables and chairs
- 1 hour on court with a pro(s) including instruction and games
- Use of demo rackets and Junior equipment; pro's will set up the courts
- MNTC T-shirt for participants

### **Prices**

Prices are calculated by number of participants, which determines how many pros and courts are needed. 6:1 Pro to participant ratio. Additional \$50 per extra pro.

#### Number of Participants

- 12: \$200
- 12-18: \$275
- 18-24: \$320
- 24+: \$35

### **Registration & Releases**

Party Coordinator Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date & Time of event: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Participant's names & ages:

---



---



---



---

## Releases

### General Release

In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release and forever discharge the McCormack-Nagelsen Tennis Center (MNTC), its owners, manager, and representatives from any and all claims and demands of any kind, nature, and character which I may have or hereafter acquire for any and all damages or losses which may be suffered or sustained by me in connection with my activity and all such claims are hereby waived and released. Medical Release: It is understood that the MNTC program participant is in overall good physical health prior to entering the camp program. In the event that there is a physical condition that may limit or restrict participation in certain camp activities, a physician's note granting permission to participate in such activities must be presented to MNTC prior to the beginning of the program session. Please provide requisite medical information on the back of this form. In an emergency, when I/we or my/our physician cannot be contacted, I/we hereby authorize MNTC staff to take my/our child to the emergency room of the nearest hospital. I/we authorize that hospital and its medical staff to provide treatment deemed necessary for the well-being of my/our child. Photo Release: I hereby allow MNTC staff and representatives to take photographs of my child while he/she is at MNTC. I acknowledge that these photographs may be posted online on official MNTC social media and website pages, and/or may be used in MNTC promotional materials, and release this right to MNTC. By signing below, I agree to all releases outlined above (new policy, general, medical, and photo releases).

---

Parent/Guardian Signature

Date

**Medical Information:** It is understood that the MNTC program participant is in overall good physical health prior to entering the camp program. In the event that there is a physical condition that may limit or restrict participation in certain camp activities, a physician's note granting permission to participate in such activities must be presented to MNTC prior to the beginning of the program session.

Is child current with all vaccinations? Yes No

If no, please indicate:

Allergies:

Is child currently taking medication? Yes No

If yes, please indicate:

Medical conditions/health factors:

*Note: special arrangements for Camp/Program Supervisors to administer medication must be made in advance with the Camp/Program Director.*

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_