

Junior Clinic Renewal Application-Fall2017/Winter 2018(Session1)



Player Name _____ Birthdate _____

Parent's Name _____

Phone # _____ Email _____

Tournament Training 1.0(27 weeks) 1.5(27 weeks) 2.0(20 weeks) 2.5(20 weeks)

Day(s): M T W TH F S Time: _____

Day(s): M T W TH F S Time: _____

Please contact us if you would like to request an additional clinic/week.

Varsity Training (27 weeks)

Day(s): M T W TH F S Time: _____

Day(s): M T W TH F S Time: _____

Recommended Matchplay Saturday 3:00-4:30pm Sunday 3:30-5:00pm Sunday 5:00-7:00pm

Please check box if you wish to attend matchplay: yes, I would like to participate in Matchplay

High School Novice Clinic (9 weeks) Cost: 1 hour \$270

Day: T TH F SUN Time: _____

Junior Clinic (20 weeks) Cost: 1 hour \$1,000 (deposit \$250)

Day: M T W TH F S Time: _____

8U Red Ball (10 weeks) Cost: 1 hour \$400; 45 min. \$300

Day: M T W TH F S Time: _____

If you have any questions regarding placement or additional days/times please email us at juniors@tcttennis.com.

Deposit Payment Options:

Check Enclosed

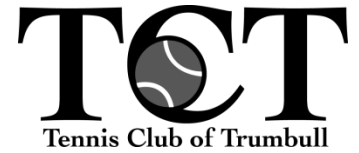
MasterCard/Visa/Discover # _____ Exp. ____/____ CVV _____
Amount \$ _____ (or call 203-268-3030 to process via phone)

Please return this form with payment to TCT or feel free to call us with any questions.

If we do not hear from you by July 20, 2017 your spot will be made available to other participants.

Deposits are non-refundable after August 15, 2017. Payment is due in full by first day of clinic or you may register in TCT's Autopay program (form available at TCT and on our website).

For those who are NOT renewing, we kindly request this confirmation nonetheless, so please contact us by phone or email to juniors@tcttennis.com.



PLEASE READ AND SIGN THIS AGREEMENT

WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, the Member/Guest elects to use the Tennis Club of Trumbull (the "Club") and acknowledges and accepts the risk inherent in the use of the Club's facilities or services. The Member/Guest voluntarily and expressly assumes the risk of injury or damage to the Member/Guest or their property which might arise from the use of the Club's facilities or services, and releases the Club, its officers, agents and employees from all claims, liabilities, loss, damage, costs and/or causes of action that may result.

The Member/Guest further certifies that he or she is in good health and is able to undertake and engage in physical exercise and/or sports activities in which he or she chooses to participate.

The Member/Guest hereby acknowledges and represents that he or she is of sound mind and over eighteen (18) years of age.

Name of Member/Guest

Signature of Member/Guest

If the Member/Guest is under the age of eighteen (18) years of age, Member/Guest's parent or legal guardian understands and accepts this Waiver of Liability and Assumption of Risk and certifies that the minor is in good health and is able to undertake and engage in physical exercise and/or sports activities in which he or she chooses to participate.

Name Parent/Guardian

Signature of Parent/Guardian

- No make-ups or credits for missed classes or inclement weather.
- 24 hr cancellation policy for private lessons, point play, and any other drop in program.
- **Injury Policy:** Upon receipt of a doctor's note, credit will be given for an injury up to 3 weeks. Credit will not be given for injuries beyond 3 weeks, unless the player is willing to give up their spot in the clinic. If the spot is relinquished, then credit will be given to the end of the session.
- **Cancellation Policy:** Any drop outs or cancellations after the deadline specified in the renewal literature and before the beginning of the session will result in the forfeiting of all deposit monies. If the customer cancels or drops out after the beginning of the session, the customer is responsible for the full cost of the clinic session until such time as the Club has filled the spot with a replacement player. Although the club often has a waiting list, we do not guarantee that we will be able to fill all spots.
- **Change Policy:** Effective December 1, 2014, any changes in clinic days, times or programs, at the request of the player and/or parent, will be assessed a change fee of \$125.00. If the change is as a result of the Club management's request or recommendation, this change fee will not apply.

Please send form to:

The Tennis Club of Trumbull • 61 Monroe Tpke. Trumbull, CT 06611 • 203 268 3030 • www.tctennis.com