



BLOOM-LUNA TENNIS ACADEMY 2008—2009

WWW.BLOOM-LUNATENNISACADEMY.COM

28 WEEK JUNIOR PROGRAM APPLICATION



October 11, 2008 to April 24, 2009

Program Locations: **NYTCI & BITY**

STUDENT INFO

	Gender (Circle One): M F	USTA #:
Name:	Date of Birth: / /	School Name:
COMPLETE Address:	Primary Contact:	E-Mail (Primary):
	Business Phone:	Secondary Contact:
	Residence Phone:	Email (Secondary):
<input type="checkbox"/> Check here if you need transportation	Mobile (Primary):	Mobile (Secondary):

2008—2009 JUNIOR PROGRAM SCHEDULE

Program Dates: **October 11, 2008 to April 24, 2009** (Excluding Holiday Weeks of 12/20/08 & 1/2/09)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
SESSION 1	4—6 PM	4—6 PM	4—6 PM	4—6 PM	2—3:30 or 4 PM [♦]	11 AM—1 PM	11 AM—1 PM
SESSION 2	5:30—7:30 PM	5:30—7:30 PM	5:30—7:30 PM	5:30—7:30 PM	4—6 PM	12:30—3:30 PM	NA

♦ There are two options for Session 1 on Friday—1.5 hours or 2 hours. Be sure to specify below.

DAY & SESSION	Number of Sessions per Week: _____
DAY of the WEEK	SESSION
	1 2
	1 2
	1 2
	1 2
	1 2
	1 2

SESSION OPTIONS	Select weekly session(s) for 28 Week Program
<input type="checkbox"/> ONE - 1.5 hr Session	x \$ 2,535 = \$ _____
<input type="checkbox"/> _____ - 2.0 hr Session	x \$ 3,380 = \$ _____
<input type="checkbox"/> ONE - 3.0 hr Session	x \$ 5,070 = \$ _____
<input type="checkbox"/> ONE - 7.0 hr Session <small>(7 hr session price includes 10% DISCOUNT)</small>	x \$ 10,647 = \$ _____

All packages exclude transportation.

TRANSPORTATION	Select weekly transportation for 28 Round Trips
<input type="checkbox"/> _____ - Manhattan Run	x \$ 1,300 = \$ _____
<input type="checkbox"/> _____ - Westchester Run	x \$ 1,437 = \$ _____

PAYMENT INFO

PLEASE MAKE CHECKS PAYABLE TO: **BLOOM-LUNA TENNIS ACADEMY**

<input type="checkbox"/> Check here if sibling will also be attending a BLTA program	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #006633; color: white; padding: 2px;">Tennis Session Cost</td> <td style="width: 20px; text-align: center;">+</td> <td style="background-color: #006633; color: white; padding: 2px;">Transportation Cost</td> <td style="width: 20px; text-align: center;">=</td> <td style="background-color: #006633; color: white; padding: 2px;">Total Cost</td> </tr> <tr> <td style="border: 1px solid black; height: 30px; text-align: center; vertical-align: middle;">\$</td> <td></td> <td style="border: 1px solid black; height: 30px; text-align: center; vertical-align: middle;">\$</td> <td></td> <td style="border: 1px solid black; height: 30px; text-align: center; vertical-align: middle;">\$</td> </tr> </table>	Tennis Session Cost	+	Transportation Cost	=	Total Cost	\$		\$		\$	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Card #:</td> <td style="width: 30%;">Exp Date:</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Card #:	Exp Date:		
Tennis Session Cost	+	Transportation Cost	=	Total Cost												
\$		\$		\$												
Card #:	Exp Date:															

I am authorizing **BLOOM-LUNA TENNIS ACADEMY** to charge my credit card and understand there are **NO REFUNDS**.

Date:	Print Name:	Signature:
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3 or 4 Digit Security Code (Located in the Back/Front of Card)

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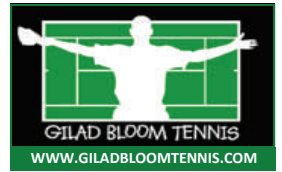
IMPORTANT NOTICE:
 THIS APPLICATION MUST INCLUDE WAIVER, DISCLAIMER, AND RELEASE FORM FOR IT TO BE PROCESSED.
 For more information please call 718.701.2511 • Fax APPLICATION & WAIVER to 718.701.3090 or
 Mail to: BLOOM-LUNA TENNIS ACADEMY, 3081 HARDING AVE • BRONX, NY 10465



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WAIVER, DISCLAIMER & RELEASE FORM



IMPORTANT INFORMATION

01. 24 Hour cancellation Policy is strictly enforced. No make-ups will be scheduled without 48 hours notice
02. Make-ups do not carry into the next semester
03. A minimum 25% deposit must accompany the application. The balance is due prior to the 1st day of session—NO EXCEPTIONS
04. A minimal charge shall be assessed on any unpaid balance at a rate of 2% every 10 days of payment if not made on time
05. A Credit Card number must be on file, even if you are paying by check
06. Bloom-Luna Tennis Academy (BLTA) is not responsible for time missed due to traffic conditions
07. Players must wear appropriate tennis apparel and tennis shoes while playing
08. Throwing of racquets, improper language, failure to keep the courts or clubhouse clean, un-sportsman-like conduct, will be cause for suspension—BLTA reserves the right to cancel this agreement without notice for inconsiderate behavior at the club or on the buses
09. A 5% Sibling Discount is available on lower priced sibling program
10. No Refunds will be given

WAIVER, DISCLAIMER & RELEASE

INITIALS:

- ____ As parent or guardian of the applicant I hereby accept the conditions of enrollment and give permission for my child to participate in **GLIAD BLOOM AND XAVIER LUNA'S METRO TENNIS ACADEMY (BLTA)**. I agree to comply with all program regulations and hereby remove staff, management, and **GLIAD BLOOM AND XAVIER LUNA'S METRO TENNIS ACADEMY (BLTA)** from any and all liability for injury or damages incurred while involved in this program.
- ____ Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or performance enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes.
- ____ You agree that you are voluntarily participating in these activities and use of our facilities and premises and assume all risks of injury, illness or death. We are also not responsible for any loss of your personal property.
- ____ You expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or instructor for personal injury or property damage.
- ____ If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision severed here from.
- ____ You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Student Name:

Print Name:

Signature:

Date: