



BLOOM-LUNA TENNIS ACADEMY 2008—2009

WWW.BLOOM-LUNATENNISACADEMY.COM

28 & 15 WEEK SEASONAL PRIVATES APPLICATION

October 11, 2008 to April 24, 2009 & November 1, 2008 to March 15, 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):	
	Mobile (Primary):	Mobile (Secondary):	

2008—2009 SEASONAL PRIVATE LESSON COURT TIME RATES

28 WEEKS NYTCI HOURLY RATES OCT 11, 2008 to APRIL 24, 2009			
MONDAY to FRIDAY		SATURDAY & SUNDAY	
6 am to 9 am	\$980	6 am to 8 am	\$1,400
9 am to 11 am	\$1,260	8 am to 11 am	\$2,240
11 am to 4 pm	\$1,260	1 pm to 3 pm**	\$2,240
6 pm to 7 pm*	\$1,540	3 pm to 6 pm	\$2,240
7 pm to 10 pm	\$1,960	6 pm to 10 pm	\$1,400
10 pm to 12 am	\$980	10 pm to 12 am	\$980

* Fridays ONLY ** Sunday ONLY

15 WEEKS BRONX INTERNATIONAL HOURLY RATES NOV 01, 2008 to MAR 15, 2009	
SATURDAY & SUNDAY	
10 am to 3 pm	\$1,080
SATURDAYS	SUNDAYS
Nov 01, 08, 15, 29 Dec 06, 13 Jan 10, 17, 24, 31 Feb 07, 14, 21 Mar 07, 14	Nov 02, 09, 16, 30 Dec 07, 14 Jan 11, 18, 25 Feb 01, 08, 15, 22 Mar 08, 15

Rates do not include tennis pro rates.

OF PRIVATES PER WK:

LESSON DETAILS

LOCATION (Check one)		DAY (Circle one)							TIME	RATE
<input type="checkbox"/> NYTCI	<input type="checkbox"/> BRONX INTERNATIONAL	MON	TUE	WED	THU	FRI	SAT	SUN		\$
<input type="checkbox"/> NYTCI	<input type="checkbox"/> BRONX INTERNATIONAL	MON	TUE	WED	THU	FRI	SAT	SUN		\$
<input type="checkbox"/> NYTCI	<input type="checkbox"/> BRONX INTERNATIONAL	MON	TUE	WED	THU	FRI	SAT	SUN		\$
									TOTAL:	\$

Clients may sign up for additional seasonal sessions by completing additional lines above.
Please note: Bronx International is ONLY available on Weekends from 10 am to 3pm.

PAYMENT INFO

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

MC
 VISA
 AMEX
 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:

3 or 4 Digit Security Code (Located in the Back/Front of Card)

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. 48 Hour cancellation policy is strictly enforced. No make-ups will be given 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. No Refunds will be given

WAIVER, DISCLAIMER & RELEASE

INITIALS:

- ____ If child is participating, as parent/guardian of the applicant I hereby accept the conditions of enrollment and grant permission for my child to participate in **GILAD BLOOM & XAVIER LUNA'S METRO TENNIS ACADEMY (BLTA) Seasonal Privates**. I hereby remove staff, management, **GILAD BLOOM & XAVIER LUNA'S METRO TENNIS ACADEMY (BLTA)** and Tennis Pro from any and all liability for injury or damages incurred while involved in these *Seasonal Privates*.
- ____ 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:
