



METRO TENNIS ACADEMY

AT 75TH ST B/W 2D & 3D AVE'S & NEW YORK TENNIS CLUB INDOORS

PROGRAMS' APPLICATION: FALL/WINTER 2010/2011

CHOOSE PROGRAM DAY/TIME	FALL SESSION	<input type="checkbox"/> <i>Mon, Tue, Wed, Thurs: 5pm-630</i> <input type="checkbox"/> <i>Fri: 2pm-330, 330pm-5, 5pm-630</i> <input type="checkbox"/> <i>Sat & Sun 12noon to 2pm</i> <input type="checkbox"/> <i>Private Lessons: Pl Call for Availability</i>
	September 07, 2010 to October 08, 2010 <input type="checkbox"/> High Performance Junior Programs <input type="checkbox"/> Quick Start Program	

STUDENT INFO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	School Name:	USTA #:
Name:	Date of Birth (mm/dd/yyyy):	<input type="checkbox"/> <i>I am interested in taking private lessons in addition to the program</i>	
<input type="checkbox"/> I am a Returning Student <input type="checkbox"/> I am a New Student	Parent/Guardian:	E-Mail (Primary):	
Complete Address:	Mobile Phone:	Residence Phone:	
	Primary Contact Name:	E-Mail (Secondary):	
	Primary Contact Mobile:	<i>If you are Enrolling with a Pre-Formed Group, please list below:</i>	
	1. _____ 2. _____ 3. _____		

Estimated Level of Play	<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced Beginner	<input type="checkbox"/> Low Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced Intermediate	<input type="checkbox"/> Advanced
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PROGRAM COST	JUNIOR PROGRAM COST	CARDIO TENNIS (Adults) PLEASE CALL FOR MORE INFO		PRIVATE/SEMI-PRIVATE LESSONS PLEASE CALL FOR PRICING																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ff9900; color: white;">COST</th> <th style="background-color: #ff9900; color: white;">FALL Session 6-weeks</th> <th style="background-color: #ff9900; color: white;">WINTER Session 13-wks</th> </tr> </thead> <tbody> <tr> <td>1.5-hr class</td> <td style="text-align: center;">\$720</td> <td style="text-align: center;">\$1,260</td> </tr> <tr> <td>2-hr class</td> <td style="text-align: center;">\$720</td> <td style="text-align: center;">\$1,560</td> </tr> </tbody> </table>	COST	FALL Session 6-weeks	WINTER Session 13-wks	1.5-hr class	\$720	\$1,260	2-hr class	\$720	\$1,560	QUICKS START LESSONS (Ages 3-8 Only) PLEASE CALL FOR MORE INFO		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ff9900;"></th> <th style="background-color: #ff9900; color: white;">PRIVATE</th> <th style="background-color: #ff9900; color: white;">SEMI-PVT</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ff9900; color: white;">DIRECTOR</td> <td></td> <td></td> </tr> <tr> <td style="background-color: #ff9900; color: white;">HEAD PRO</td> <td></td> <td></td> </tr> <tr> <td style="background-color: #ff9900; color: white;">STAFF PRO</td> <td></td> <td></td> </tr> </tbody> </table>		PRIVATE	SEMI-PVT	DIRECTOR			HEAD PRO			STAFF PRO		
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PAYMENT INFO	<input type="checkbox"/> I Prefer to Pay by Cash		<input type="checkbox"/> I Prefer to Pay by Check: Please Make Check Payable to " METRO TENNIS INDOOR "			
	<input type="checkbox"/> Check here if sibling will also be in our program		Program Cost	+ Transportation Cost	= TOTAL PROGRAM COST	3 or 4 Digit Security Code (Located in the Back/Front of the Card) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> VISA		\$	\$	\$	
	<input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> VISA		Card #		Exp Date:	
	I AM AUTHORIZING METRO TENNIS INDOOR TO CHARGE MY CREDIT CARD AND UNDERSTAND THERE ARE NO REFUNDS . Please Initial Here: _____					
Date:	Print Name:	Signature:				

THIS APPLICATION MUST INCLUDE WAIVER, DISCLAIMER, AND RELEASE FORM FOR IT TO BE PROCESSED.

Mail Application to: METRO TENNIS ACADEMY - 3081 Harding Ave, BRONX, NY 10465
 Fax Application to: 718 239 7915



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WAIVER FORM SPRING/SUMMER/FALL 2010

IMPORTANT INFORMATION

01. 24-hour Cancellation Policy is strictly enforced. No make-ups will be given without 24-hours notice.
02. Make-ups do not carry in to the next semester.
03. There must be a credit card on file. 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 valid credit card number must be on file, even if you are paying by check.
06. METRO TENNIS INDOORS, LLC 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, and/or unsportsmanlike conduct, will be cause for suspension—METRO TENNIS INDOORS reserves the right to cancel this agreement without notice for inconsiderate behavior at the facility or on the buses.
09. No Refunds will be given.

WAIVER, DISCLAIMER, & RELEASE

INITIALS:

As a parent or guardian of the applicant, I hereby accept the conditions of enrollment and grant my child permission to participate in METRO TENNIS INDOORS AT EASTSIDE TENNIS (MTI). I agree to comply with all program regulations and hereby remove staff, management, and METRO TENNIS INDOOR from any and all liability 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 trainer or instructor for personal injury or property damage.

If any portion of this release for 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 hence forth.

You acknowledge that you have carefully read this "waiver, disclaimer, & release form" and fully understand that it is a release of liability. By signing this release, you acknowledge that you understand its content and that this release can not be modified orally.

Student Name:

Print Name:

Date:

Signature:

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