



METRO TENNIS ACADEMY

EASTSIDE TENNIS AT 75TH ST (B/W 2D & 3D AVENUES)

AJAY KUMAR, DIRECTOR <> 646 294 2653 <> akumar@metrotennisacademy.com

PROGRAMS' APPLICATION SPRING/SUMMER 2010

CHOOSE PROGRAM DAY/TIME

QUICKSTART PROGRAM 8&Under 11&Under
 JUNIOR PLAYERS PROGRAM
 CARDIO/BOOT-CAMP ADULTS PROGRAM

SPRING SESSION

MAY 03 TO JUNE 23

Mon, Wed, Fri: 6-7, 7-8

Tue, Thurs: 530-630, 630-730, 730-815

SUMMER SESSION

JUNE 24 TO SEPT 06

Mon to Thurs: 4-5; 5-6; 6-7, 7-745, 745-830

Fri: 4-5, 5-6, 6-7, 7-8

STUDENT INFO

MALE FEMALE

Name: _____

I am a Returning Student I am a New Student

Complete Address: _____

School Name: _____

Date of Birth (mm/dd/yyyy): _____

Parent/Guardian: _____

Mobile Phone: _____

Primary Contact Name: _____

Primary Contact Mobile: _____

USTA #: _____

I am interested in taking private lessons in addition to the program

E-Mail (Primary): _____

Residence Phone: _____

E-Mail (Secondary): _____

If you are Enrolling with a Pre-Formed Group, please list below:

1. _____ 2. _____ 3. _____

Estimated Level of Play Beginner Advanced Beginner Low Intermediate Intermediate Advanced Intermediate Advanced

PROGRAM COST	QUICKSTART AND CARDIO BOOT CAMP*			PACKAGES/OPTIONS*		PRIVATE/SEMI-PRIVATE/GROUP LESSONS				
	Spring/ Summer	60-minutes	45-minutes	(QuickStart & Cardio Boot Camp Tennis)		MEMBERS	PRIVATE	SEMI-PVT	GROUP	
	36-classes	\$612 (\$17/class)	\$460 (\$13/class)	*FAMILY SHARE: Purchase 24+ classes and share /split with immediate family members!		DIRECTOR	\$110	PI Inquire	PI Inquire	
	24-classes	\$456 (\$19/class)	\$380 (\$16/class)	QUICKS START PRIVATE LESSONS (Ages 3-8 Only) \$55/45-minutes \$45/30-minutes		HEAD PRO	\$75	\$50/pp	n/a	
	12-classes	\$276 (\$23 class)	\$240 (\$20 class)			STAFF PRO	\$65	\$45/pp	40/pp	
	6-classes	\$168 (\$28/class)	\$150 (\$25/class)			NON-MEMBERS	PRIVATE	SEMI-PVT	GROUP	
	Single Class	\$35 (drop-in fee)	\$30 (drop-in fee)		DIRECTOR	\$135	PI Inquire	PI Inquire		
					HEAD PRO	\$85	\$60/pp	n/a		
					STAFF PRO	\$75	\$50/pp	45/pp		

I Prefer to Pay by Cash

I Prefer to Pay by Check: Please Make Check Payable to "METRO TENNIS INDOOR"

Check here if sibling will also be in our program

Program Cost
\$ _____

+

Transportation Cost
\$ _____

=

TOTAL PROGRAM COST
\$ _____

MC AMEX VISA Card # _____

Exp Date: ____/____/____

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

I AM AUTHORIZING METRO TENNIS INDOOR TO CHARGE MY CREDIT CARD AND UNDERSTAND THERE ARE NO REFUNDS. Please Initial Here: _____

Date: _____

Print Name: _____

Signature: _____

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

Fax Application to: 212 628 7974 <>> Mail Application to: METRO TENNIS INDOOR - 226 EAST 95th STREET, SUITE 402, NEW YORK, NY 10128-4039



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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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