

SEASONAL COURT LESSONS (Seasonal Court required 8 am to 4 pm Sat & Sun) Fall/Winter 2011-2012



SPORTIME RANDALL'S ISLAND
 Home of THE JOHN MCENROE TENNIS ACADEMY
 Please complete all required information, sign this application and **fax it to 212.427.5650**; or mail it, along with the required deposit for each program, to **SPORTIME Randall's Island, One Randall's Island, New York, NY 10035.**

SESSION DATES: 34-week session September 12, 2011 – May 6, 2012

PLAYER INFORMATION - Membership required for seasonal court lessons.

DAY AND TIME OF SEASONAL COURT _____ **PRO PREFERRED** _____

Student First Name _____ Student Last Name _____ Date of Birth _____ Male Female

Email Address REQUIRED _____ Home Phone _____ Business Phone _____ Cell Phone (Required) _____

Parent/Guardian Last Name (if student is a junior) _____ Parent/Guardian First Name (if student is a junior) _____

Address _____ City _____ State & Zip _____ School Attended (if student is a junior) _____

PRICE CHART – These rates are in addition to the cost of the seasonal court. A separate application is required for the seasonal court.

	<u>1 hour</u>	<u>1.5 hours</u>
Staff Pro	<input type="checkbox"/> \$3499 (dep \$1400)	<input type="checkbox"/> \$5248 (dep \$2099)
Senior Pro	<input type="checkbox"/> \$3832 (dep \$1530)	<input type="checkbox"/> \$5748 (dep \$2299)
Senior Pro Plus	<input type="checkbox"/> \$4040 (dep \$1620)	<input type="checkbox"/> \$6060 (dep \$2424)
Master Pro	<input type="checkbox"/> \$4165 (dep \$1670)	<input type="checkbox"/> \$6248 (dep \$2499)
Master Pro Plus	<input type="checkbox"/> \$4825 (dep \$1930)	<input type="checkbox"/> \$7238 (dep \$2895)

*Please contact Tennis Central rates for lessons with the McEnroe Academy Director, Assistant Academy Directors, and ATP pros.

PAYMENT INFORMATION

- Check payment enclosed in the amount of \$ _____ **This payment is for (name):** _____
- Please charge my credit card on file in the amount of \$ _____ It is: my deposit full payment.
- Please charge the following credit card in the amount of \$ _____ Please use this credit card as my new credit card on file.

MasterCard Visa Amex Discover Exp. Date

Payment Terms, Liability Waiver and Assumption of Risk and Release

I understand that membership is required for participation in SPORTIME (the "Club") programs and that this application must be accompanied by the required, non-refundable deposit to confirm registration. I further understand that for sessions (a session is defined as a series of classes) 17 weeks in duration or less, I must remit the required deposit upon enrollment and pay in full no later than the first day of class. For program sessions 18 weeks in duration or more, I must remit the required deposit upon enrollment; an additional 40 percent is due by October 31; and the remaining balance is due in full by December 1. If my account is not paid as required, I consent that SPORTIME may charge my checking/credit card account for the full amount past due plus a late fee. I accept that enrollment in SPORTIME programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. Under no circumstances will the deposit be refunded. By signing below I agree that I am the parent or legal guardian of the above student and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Club. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the Club shall not be liable for any personal injuries, property damage, or other loss sustained by me or my children in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents, or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other players, players' children or guests of players. If I enroll my child(ren) in Club programs and am asked to furnish the Club with appropriate medical exams and records of immunization I agree to furnish such exams and records. In addition, in case of accident or injury to my child and if an emergency contact person cannot be reached, I grant the Club permission to obtain medical attention for my child if necessary, for which I will be financially responsible. **THE CLUB RESERVES THE RIGHT TO CLOSE COURTS FOR REPAIRS OR ALTERATIONS.** The Club reserves the right to cancel the contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. **SPORTIME DOES NOT GUARANTEE MAKE UPS FOR CLASSES MISSED BY THE STUDENT.**

Parent's/Member's Signature _____ Date _____ Staff Signature _____ Date _____