FOUR SEASONS RACQUET CLUB Fall 2018 Program Registration Form

Participant's Name	Date of Birth	
Parent/Guardian Name (if participant is under 18)		
Address	City/State	Zip Code
E-Mail	Phone	Cell Phone
Emergency Contact		Phone

Waiver of Liability and Assumption of Risk: **This waiver is a complete release of any responsibilities for injuries or damages sustained whether or not the member, guest or child was engaged in playing tennis at the time of the injury.**

Participant/Parent Signature:_____ **Date:**_____

Program Selection Circle One: Little Shots Future Stars Clinic Champions Training

Varsity Training Adult Clinic League

Day	Time	Pro's Name (adult clinic only)	Fee

Payment in full or monthly auto-pay by credit card must be confirmed by the first class.

Pay in full for a full session by August 15th and receive a 5% discount or auto-pay monthly by credit card over the course of the session.

No part of the fee will be returned after the start of the program.
Special consideration will be made for injury when supported by a doctor's note.

- I am paying in full by credit card or check. Please make checks payable to Four Seasons Racquet Club. 5% discount if paid by August 15th.

  Signature _____

- I authorize Four Seasons Racquet Club to ***AUTOMATICALLY CHARGE*** my credit card in the monthly amounts of $_____ over _____ months (after an initial payment made at time of registration) for a total of $_____ (clinic rate +5% processing fee).

- I authorize Four Seasons Racquet Club to ***AUTOMATICALLY CHARGE*** all additional transactions at time of transaction. Please note that there is a $10.00 minimum for all credit card charges.

  Card Number_____ Expiration Date _____

  Cardholder acknowledges receipt of goods and/or services in the amount of the total shown herein and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

  If your payment fails to clear bank processing, a $25 overdraft charge will be added to your account.

  Signature _____