



2018-19 Program Registration Form.			
Captain/Individual Name:			
Address:		City, State, Zip	
Phone (H)	Phone (M)	(W)	
Email:			

To secure your tennis reservation, please include one of the following: **Deposit of \$500 per hour / \$750 per one and one-half hour or Early Registration 10% Discounted Total Payment (available only through February 28, 2018).**

Seasonal Court Commitment			
Day	Time		Deposit/Total Due 2/28/18 (Balance Due 8/15/18)
		34 Weeks (\$500 (1 hr) (\$750.00 1.5 hr)	

Instructional Programs			
Day	Time	Pro	Deposit/Total Due 2/28/18 Balance Due (8/15/18)
			Clinic Instruction (34 wks.) (\$500 (1 hr) (\$750.00 1.5 hr)
			Seasonal Private Lesson (34 wks.) (\$500 (1 hr) (\$750.00 1.5 hr)

Deposit Information			
Acceptable forms of payment: Credit Cards, Checks or Cash. Deposit payments are refundable until June 1st, 2018. After June 1st, deposits (or deposit-equivalents) are forfeited and non-transferable to other programs.			
Player Name	Check#/ Credit Card #	CC Exp.	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total Payment			\$

Court Roster on back must be completed.

Please print neatly

Name:	Name:
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
Name:	Name:
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
Name:	Name:
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
Name:	Name:
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:

WAIVER

I, as the participant and or as the legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by reason or in connection with my or his/her participation in any club program or activity; and I hereby release and discharge Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct of Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties. Waiver: I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ **Date:** _____