



Synergy Tennis Fall/Winter 2018-19 Registration Form

SESSION DATES: Wednesday Sept 5th, 2018 - Sunday May 12th, 2019 (30 weeks)

NO PLAY: Nov 21st-25th (Thanksgiving), Dec 22nd-Jan 6th (Winter), Feb 12th-18th (President's Week), Mar 18th-24th, Apr 15th-20th (Spring)

Participant Name: _____ DOB: _____ Parent's Name (Juniors Only): _____
 Address: _____ City: _____
 State: _____ Zip: _____ Cell: _____ Email: _____

CHECK OFF APPLICABLE PROGRAM(S)

<p style="text-align: center; color: blue;">ADULT TENNIS</p> <p style="text-align: center; color: blue;">USTA LADIES TEAM PRACTICES</p> <p style="text-align: center;">TEAM LEVEL: 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 4.0 <input type="checkbox"/></p> <p>M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> / 1.5 hr Practice \$1800 / 2 hr Practice \$2400</p> <p style="text-align: center; color: blue;">MEN'S LEAGUE</p> <p style="text-align: center;">TBD based on availability and demand</p> <hr/> <p style="text-align: center; color: blue;">JUNIOR PROGRAM</p> <p>RED BALL: 45 min <input type="checkbox"/> \$1263 / 1 hr <input type="checkbox"/> \$1675</p> <p>ORANGE BALL: 1 hr <input type="checkbox"/> \$1675 / 75 min <input type="checkbox"/> \$2088</p> <p>GREEN BALL: 1 hr <input type="checkbox"/> \$1675 / 75 min <input type="checkbox"/> \$2088 / 90 min <input type="checkbox"/> \$2500</p> <p>YELLOW BALL: 1 hr <input type="checkbox"/> \$1675 / 75 min <input type="checkbox"/> \$2088 / 90 min <input type="checkbox"/> \$2500</p>	<p style="text-align: center; color: blue;">SEASONAL COURT RENTALS</p> <p>WEEKDAYS: 1 hr <input type="checkbox"/> \$1800 / 1.5 hr <input type="checkbox"/> \$2700</p> <p>WEEKENDS: 1 hr <input type="checkbox"/> \$2250 / 1.5 hr <input type="checkbox"/> \$3375</p> <hr/> <p style="text-align: center; color: blue;">SEASONAL PRIVATE LESSONS</p> <p>1/2 hr <input type="checkbox"/> \$1950 / 1 hr <input type="checkbox"/> \$3900 / 1.5 hr <input type="checkbox"/> \$5850</p> <p style="text-align: center; color: blue;">SEMI PRIVATE</p> <p>1 hr <input type="checkbox"/> \$2100 per player / 1.5 hr <input type="checkbox"/> \$3150 per player</p> <p style="text-align: center; color: blue;">3 PLAYER PRIVATE GROUP</p> <p>1 hr <input type="checkbox"/> \$1500 per player / 1.5 hr <input type="checkbox"/> \$2250 per player</p> <p style="text-align: center; color: blue;">4 PLAYER PRIVATE GROUP</p> <p>1 hr <input type="checkbox"/> \$1200 per player / 1.5 hr <input type="checkbox"/> \$1800 per player</p>
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MAKE UP POLICY

No refunds or credits for missed classes. Make ups will be given only for classes canceled with at least 24 hour notice. Make ups for team practices and junior clinics will be offered during other regularly scheduled clinics. Make ups for private lessons are to be rescheduled by the end of the session.

PHOTO/VIDEO PERMISSION RELEASE

I give permission for Synergy Tennis Group LLC to photograph/videotape me while in any activities at any Synergy Tennis facility for possible use in marketing/promoting Synergy tennis by use of, but not limited to, social media/blog sites (Facebook, Twitter, Instagram), email advertising, print advertising and or TV advertising. Synergy Tennis will not use any players name without written permission from player or participant.

WAIVER OF LIABILITY; ASSUMPTION OF RISK

I hereby fully waive and release Synergy Tennis Group LLC from any and all claims of personal injury that I may sustain while participating in any form of tennis activities at Synergy Tennis facilities or property. I hereby voluntarily, at my own risk, sign this Waiver of Liability and Assumption of Risk in sole consideration of being permitted to use Synergy Tennis facilities or property. I acknowledge that Synergy Tennis is not responsible for items of personal property damaged at, or stolen from Synergy Tennis facilities or property. I represent that I am physically capable of participating in activities at Synergy Tennis without risk to my health and well-being or other participants. I am not under the influence of drugs or alcohol which impairs my ability to maintain my safety, awareness, or endangers others. By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks and agree to use my best judgement while engaging in any tennis activity. I further agree to identify and hold harmless the Release, it's employees, agents and officers from and against any and all liability incurred as a result of or in any manner related to my participation in the activities. I have read and understood the foregoing and acknowledge my consent to the terms of this Waiver of Liability & Assumption of Risk by signing below.

By signing below you are agreeing to all Synergy Tennis' above policies and waiver of liability.

SIGNATURE: _____ DATE: _____
Parent/Guardian's signature if a minor

PAYMENT (balance due at start)

TOTAL AMOUNT DUE: \$ _____

PAYMENT METHOD

CREDIT CARD: / CARD ON FILE:

CHECK:

Credit Card #: _____

Checks Payable To: Synergy Tennis LLC

Exp Date: _____ CVV: _____