



# Adult Clinic Program Registration Form

Session 1

New Player \_\_\_ Returning Player \_\_\_

Player Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Player DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Gender Diverse

### Adult Clinic Level

- \_\_\_ Learn Tennis Now
- \_\_\_ Learn Tennis Now 2
- \_\_\_ Adult Clinic 2.0
- \_\_\_ Adult Clinic 2.5
- \_\_\_ Adult Clinic 3.0
- \_\_\_ Adult Clinic 3.5
- \_\_\_ Adult Clinic 4.0

### Clinic Day Selection

- \_\_\_ Monday
- \_\_\_ Tuesday
- \_\_\_ Wednesday
- \_\_\_ Thursday
- \_\_\_ Friday
- \_\_\_ Saturday
- \_\_\_ Sunday

### Time Preference

- \_\_\_ Morning
- \_\_\_ Afternoon
- \_\_\_ Evening

Payment Option: \_\_\_ Pay in Full      \_\_\_ Auto-Pay, Deposit upon confirmation, 10/1 installment, 11/1 installment  
 Form of Payment: \_\_\_ Cash      Amex/Disc/Visa/MC# \_\_\_\_\_  
                          \_\_\_ Check      Expiration Date: \_\_\_\_\_ CVS: \_\_\_\_\_  
                          \_\_\_ CC on file

*I understand and authorize a deposit and the balance to be paid in installments on the 1st day of the month, automatically deducted, without interest, from a required credit card on file.*

I agree to all payments and policies: \_\_\_\_\_ Date: \_\_\_\_\_

*I fully understand the payment process, reservation options and have read the necessary supporting prices, dates and policies.*

### Clinic Program Policies

**Season:** Start, end and off dates can be found on our website. The only off dates/breaks observed are Thanksgiving 11/23-11/26 and Winter 12/24-1/1. We do not observe religious, national or school holidays/closings.

**Commitment:** The Adult Clinic program is a **15-week commitment**, with 2 sessions, Fall and Winter. Registration is not final until the class selection has been approved by the Coordinator/Programmer, and payment has been processed.

**Payment Options:** All players must have a valid credit card on file. Payment is due **in full** unless the player opts for the **Auto-Pay plan** which consists of a **1/3 deposit at time of registration plus 2 installments (10/1 and 11/1)** automatically deducted from the cc on file.

**Class Sizes:** Specific class ratios may be found on our flyer/website. If the **minimum** number of enrolled players is not met, then the current players will be offered the available options.

**Drop-Outs:** We require a **2-week written** notice prior to dropping out, up until Week 11. **Starting week 12, there are no dropouts.**

**No** refunds or credits will be applied for weeks 12-15. Refunds will be processed via check and mailed within 2 weeks of approval.

**Injuries:** If a player is injured and absent from class for up to 2 weeks, their spot will be held and a YTC credit will be posted to their house account, *(with a Dr's note provided.)* Any injury longer than 2 weeks, requires a further drop out discussion.

**Makeups:** Players are eligible for **2 makeups** per 15-week session if registered **during weeks 1-5**. If registered **starting week 6**, players are eligible for **1 makeup**. Makeups are not rolled over from one session to the next. Makeups are on a first come, first serve basis. *Makeup dates/times TBD.*

**Closings:** We do not follow the school closing policy in terms of holidays or snow cancellations. If the club does close, all players will be **notified via email** and updates can be found on our website and social media. Players will be notified of the new makeup date.

**Viewing:** Classes may be viewed from the lobby area (ct 1 and 6 on tv). No family/friends allowed on court.

**Photos/Videos:** YTC reserves the right to use pictures/video taken of our players for publicity and advertising.

Office Use: \_\_\_\_\_ START DATE \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Ct# \_\_\_\_\_ Clinic Level \_\_\_\_\_ USTA Rating

**Pricing:**  
Cost per wk \$ \_\_\_\_\_ x # of wks \_\_\_\_\_ = Total \$ \_\_\_\_\_

\_\_\_ Class Confirmed \_\_\_ Worksheet \_\_\_ Club Auto \_\_\_ Payment Confirmed \$ \_\_\_\_\_ Account Credit applied \_\_\_ ML: Reviewed