



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

- 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 ___ Time confirmed

Payment Option: ___ Pay in Full ___ Auto-Pay

Form of Payment: ___ Cash ___ Amex/Disc/Visa/MC# _____
 ___ Check
 ___ CC on file Expiration Date: _____ CVV: _____

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.
 For Auto-plan, 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.*

Clinic Program Policies

Season: Start, end and off dates can be found on our website. The only off dates/breaks observed are Thanksgiving 11/28-12/1 and Winter 12/23-1/1. 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 programming team, 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 (11/1 and 12/1)** 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 _____ USTA Level/Rating _____

Pricing:

Cost per wk \$ _____ x # of wks _____ = Total \$ _____

PIF\$ _____ Auto-Pay: Deposit upon confirmation _____, 11/1 installment _____, 12/1 installment _____

___ Class Confirmed ___ Worksheet ___ Club Auto ___ Payment Confirmed \$ _____ Account Credit applied ___ VG Reviewed