



Junior Clinic Program Registration Form

Session II

New Player ___ Returning Player ___

Player Name: _____ Guardians Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Player DOB: _____ Allergies: _____ Male ___ Female ___ Gender Diverse

Junior Level (Check One)

- LTN Reds Orange Crushers Modified Squad
- LTN Tweens Green Giants JV Squad
- Rockin' Reds Green Ball Squad Varsity Squad

Clinic Day Selection (Check one)

Monday. Tuesday. Wednesday Thursday. Friday. Saturday. Sunday. _____ Time

Payment Option: Pay in Full Auto-Pay

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 Break 12/24-1/1. We do not observe religious, national or school holidays/closings.

Commitment: The Jr. Clinic program is a **15-week commitment**, with 2 sessions, fall/winter. Registration is not final until the class selection has been approved by the Programmer, policies have been reviewed/agreed to and payment has been processed.

Jr. Discount: 5% off for each **additional sibling** OR each **additional clinic**, applied to lower clinic cost (discounts cannot be combined).

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 (2/1 and 3/1)** 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 other available options.

Drop-Outs: We require a **2-week written** notice if 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 parents/guardians 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 _____ JrLevel/Rating _____

Pricing:

Cost per wk \$ _____ x # of wks _____ = _____ - Jr. Discount Sib or Multi \$ _____ = Total \$ _____

PIF\$ _____ Auto-Pay: Deposit upon confirmation _____, 2/1 installment _____, 3/1 installment _____

___ **Class Confirmed** ___ **Worksheet** ___ **Club Auto** ___ **Payment Confirmed** \$ _____ **Account Credit applied** ___ **ML: Reviewed**