



2024 Four Seasons Summer Academy Program Player Registration

Date of Registration _____

Player Name _____ DOB _____

Parent Name _____

Address _____

City _____ State _____ ZIP _____

Phone# _____ E-Mail _____

Allergies or medical conditions _____

Emergency Contact _____ Phone _____

Programs (all prices are per week)

Check one	Academy	Fee
<input type="checkbox"/>	Junior Development Morning Academy	\$546.00
<input type="checkbox"/>	Junior Development Full Day Academy	\$700.00
<input type="checkbox"/>	High Performance Academy	\$665.00

Week(s) of (please circle dates)

6/10 6/17 6/24 7/1 7/8 7/15 7/22 7/29 8/5 8/12 8/19

I understand that payment in full is required at the time of registration and that no part of the fee will be returned after the start of the program. I also understand that this waiver is a complete release of any responsibilities for injuries or damages sustained whether or not the member, guest or child was engaged in playing tennis, in the pool or any other activity at the time of the injury.

I am paying by check/cash (Please make checks payable to Four Seasons Racquet Club)

I am paying by credit card

CC # _____ Exp. Date _____ Sec. Code _____

The cardholder acknowledges receipt of goods and/or services in the amount of the total shown herein and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

Authorized Signature

Date