FOUR SEASONS RACQUET CLUB Fall 2021 Program Registration Form

Participant's Name	Name Date of Birth (for juniors)				
1 articipant's ivame	Date of Birth (for Juniors)				
Parent/Guardian Name (if participation)	oant is under 18)				
Address		City/State Zip Code			
E-Mail		Phone			
Emergency Contact	Contact Phone				
Waiver of Liability and Assumption sustained whether or not the member, g				r injuries or damages	
Participant/Parent Signature:	Date:				
Program Selection Circle O	ne: Little Shots	Future Stars Cli	inic Co	mpetitive Training	
Varsity '	Training Adult	Clinic Intro t	o Tennis	Singles League	
Day	Time	Pro's Name (ad	lult clinic only)	Fee	
Special cons	nthly auto-pay by cre part of the fee will be return sideration will be made for i	ed after the start of the njury when supported b	program. y a doctor's note	s.	
Signature					
monthly amounts	easons Racquet Club to a of \$ over _ total of \$	months (after an initial	credit card in the payment made at time or	
	asons Racquet Club to AUT note that there is a \$10.00 n			nal transactions at time of	
Card Number	Card NumberExpiration Date				
	ledges receipt of goods and ons set forth in the cardhol			shown herein and agrees to	
If your payment fail	s to clear bank processing,	a \$25 overdraft charge	will be added to	your account.	
Signature			·····		

^{*} Please be advised that if you miss a class, we cannot guarantee classes will be made up, however, we will make every effort to do so.