



SEASON COURT REGISTRATION FORM

Fall/Winter 2017/18 Season

Thursday September 7th, 2017 - Sunday May 6th, 2018

32 weeks

Season Court Player: _____

Birth Day / Month: _____

Street Address: _____

City: _____

State / Zip: _____

Season Court Captain: _____

Court Day / Time: _____

WAIVER OF LIABILITY; INDEMNIFICATION

I acknowledge that Proform Tennis Academy is not responsible for any injuries that I may sustain at Proform Tennis Academy's facilities;

I acknowledge that Proform Tennis Academy is not responsible for items of personal property damaged at or stolen from Proform Tennis Academy;

I represent that I am physically capable of participating in activities at Proform Tennis Academy with risk to my health and well-being;

I hereby agree to indemnify and hold Proform Tennis Academy harmless from any and all liability of whatsoever kind in connection with my use of and activities at Proform Tennis Academy.

WITHDRAWAL POLICY

A full refund on withdrawals before May 31st, 2017

A 50% refund on withdrawals after June 1st, 2017 and before August 31st, 2017

No Refund and full forfeiture of the entire payment on withdrawals after September 1st, 2017

CANCELATION / MAKE UP POLICY

No refunds or credits for missed court time usage

Four (4) Makeups will be allowed be booking during the season under the following conditions

The season court is cancelled a minimum of 24hrs in advance, via email to info@proformtennisacademy.com during office hours

No make up will be given for same day cancellations

PHOTO / VIDEO PERMISSION RELEASE

I give permission for Proform Tennis Academy to photograph/videotape myself while participating in any activities at any Proform Tennis Academy facility for possible use in marketing/promoting Proform Tennis Academy by use of, but not limited to, social media/blog sites such as Facebook, Twitter, Instagram, Tumblr as well as email, print or TV advertising. Proform Tennis Academy will not use any player names without written consent from a parent or legal guardian if under 18 years of age.

By signing below I agree to Proform Tennis Academy's above Waiver of Liability; Indemnification and all other policies.

Signature: _____

Date: _____

Signature of Parent or Guardian if Under 18

PAYMENT INFORMATION

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Pay in full, by 03/31/17 to receive 5% discount.

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Interest free payment plan:

Deposit by April 15th / September 4th / October 4th

Player Share Amount: \$ _____

Deposit: \$ _____

Balance: \$ _____

CHECK NOT ACCEPTED FOR PAYMENT PLAN

VISA / MC / AMEX

Credit Card Number: _____

Expiration: _____

Signature: _____

Date: _____