



Please enroll my child in the class(es) checked below:
 (Please complete your Registration Info. on the reverse side of this form.)

RED BALL (Beginner Groups) – 36 ft Court: (10 Week Program)

10-Wk Cost:	Time:	Mon	Tue	Wed	Thu	Fri	3:00-4:00 Sun
\$260	3:30-4:30						
\$310	4:30-5:30						

4 Sessions: (a) 9/11—11/19/17 (b) 11/20/17—2/04/18 (c) 2/05—4/15/18 (d) 4/16—6/24/18



ORANGE (Intermediate Groups) – 60 ft Court: (20 Week Program/5 Installments)

20-Wk Cost:	Time:	Mon	Tue	Wed	Thu	Fri	3:00-4:00 Sun
\$144/month x 5 = \$720	3:30-4:30						
\$164/month x 5 = \$820	4:30-5:30						

2 Sessions: **Fall:** 9/11/17—02/04/18 **Winter:** 02/05—6/24/18

ORANGE – 2 Days/Wk. (Save 15%) – 60 ft Court: (20 Wk Program x 2 days/wk / 5 Installs)

20-Wk Cost:	Time:	Mon	Tue	Wed	Thu	Fri	3:00-4:00 Sun
\$245/month x 5 = \$1225	3:30-4:30						
\$279/month x 5 = \$1395	4:30-5:30						

2 Sessions: **Fall:** 9/11/17—02/04/18 **Winter:** 02/05—6/24/18

Transportation? () Yes () No School: _____
 (first come, first served)

Cost of Transportation: \$40/10-wk Session, and \$80/20-wk Session

QST/10U Private Lessons, 5-PACK:

Date of 1st Lesson: _____

(5) 30 min. Pvt. Lessons (once per week, same day and time) ... \$245 Pro: _____

Day: _____ () 3:30 pm () 4:00 pm () 4:30 pm () 5:00 pm () Other _____

(5) 1 hour Pvt. Lessons (once per week, same day and time) ... \$475. Pro: _____

Day: _____ () 3:30 pm () 4:30 pm () 7:00 pm () Other _____



**quickstart
tennis**

**Sep 2017 - Jun 2018
10 & under**



Please enroll my child in the class(es) checked on the reverse side of this form:

Child Name: _____ DOB: _____ Grade: _____

Parent Name: _____ Referred By: _____

Address: _____ *Do your kids love Tennis?
Tell your friends - referring player earns \$25 Credit per new kid!*

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell (Mom/Dad): _____

Mom/Dad Email: (required) _____

Your Payment Amounts:

- Total Contract Fees Due: \$_____ (Red Ball must pay in full)
- Non-refundable Deposit (10%): \$_____
- Balance (90%): \$_____ on 5 Autopay Monthly Installments of \$_____/month.
- Fall Installments: Sep, Oct, Nov, Dec, Jan..... Winter Installments: Feb, Mar, Apr, May, Jun.

Your Payment Option (please select one):

- Full Payment by enclosed Check# _____ for \$ _____
- Full Payment by Credit Card: _____ Exp: _____ CVV#: _____
(Only AmEx, MasterCard or Visa accepted.)
- Autopay Installments via Credit Card on file – incurs a \$3 processing fee per installment.

Policies: No make-ups or refunds for missed classes. A parent/guardian must pick up child at the end of the class – Hardscrabble Club will not be responsible for supervising unaccompanied children once the program is over.
NOTE: During any ‘official school holidays’ – the program will be on as usual per the club’s calendar, not your school’s calendar.

Waiver and Consent: I understand and acknowledge the risks of injury inherent in any program involving physical activity and transportation and as the parent/guardian of the child enrolled herein I do waive and release any and all rights and claims for damages due to injury or loss of personal property that my child/ward may sustain while participating in this program and agree to hold harmless Hardscrabble Club, its employees, directors, owners or other representatives. Also, I do hereby give my consent for medical care, emergency or otherwise, including necessary transportation, in the event of injury or other illness with my child. I have no objection to photographs taken at the program being used in advertising or other media.

Parent’s Signature: _____ Date: _____

Please make check payable to: **Hardscrabble Club**
22 Sutton Place, Brewster, NY 10509

