

Adult Clinics (90 min.) / 5-Week Series

1½ hour group drills/instruction with a Pro. Work on correct techniques, footwork, variety of shots and strokes. Learn about point development. Clinics start with warm-up, followed by drills for strokes and shots, and point play. **Min. enrollment: 3 players.**

Clinic Dates (please write in your requested dates below:)

5 Dates: () () () () ()

This Contract Clinic meets once a week, on the same day and time each week, for 10 continuous weeks:

1st Choice Day & Time: _____ **2nd Choice** Day & Time: _____ Pro: _____

Player Level: () Beginner: **2.5** () Intermediate: **3.0** () Advanced Intermediate: **3.5** () Advanced: **4.0+**

() 1.5 hour Clinic: 3 Players:	Member Cost: \$63.00	Nonmember Cost: \$75.00
All costs are:	4 Players: Member Cost: \$47.00	Nonmember Cost: \$57.00
per player,	5 Players: Member Cost: \$38.00	Nonmember Cost: \$45.00
per time.	6 Players: Member Cost: \$32.00	Nonmember Cost: \$38.00

Full Payment (cost x 5 weeks) is due with this application. Members may choose to house-charge (CTA) in 2 installments.

My signature indicates that I have read, understand and accept the policies and terms of enrollment on the back of this form.

Player #1 Name: _____ Member? () Yes () No
 Full Payment: \$ _____ by: () Check # _____, () Credit Card () CTA: 2 installments - members only
 Signature: _____ Date: _____ Email: _____ Phone: _____

Player #2 Name: _____ Member? () Yes () No
 Full Payment: \$ _____ by: () Check # _____, () Credit Card () CTA: 2 installments - members only
 Signature: _____ Date: _____ Email: _____ Phone: _____

Player #3 Name: _____ Member? () Yes () No
 Full Payment: \$ _____ by: () Check # _____, () Credit Card () CTA: 2 installments - members only
 Signature: _____ Date: _____ Email: _____ Phone: _____

Player #4 Name: _____ Member? () Yes () No
 Full Payment: \$ _____ by: () Check # _____, () Credit Card () CTA: 2 installments - members only
 Signature: _____ Date: _____ Email: _____ Phone: _____

Player #5 Name: _____ Member? () Yes () No
 Full Payment: \$ _____ by: () Check # _____, () Credit Card () CTA: 2 installments - members only
 Signature: _____ Date: _____ Email: _____ Phone: _____

Player #6 Name: _____ Member? () Yes () No
 Full Payment: \$ _____ by: () Check # _____, () Credit Card () CTA: 2 installments - members only
 Signature: _____ Date: _____ Email: _____ Phone: _____

For Office Use Only:
SCHEDULER: Day: _____ Time: _____ Court #: _____ Pro: _____ Start Date: _____
 Adults Tennis Coordinator: _____ Date: _____



CONTACT: Randy email: rmta@hardscrabbleclub.com, Front Desk: 914.669.9500

Please feel free to contact Randy with any questions or concerns regarding Clinics.

If you are new to our program, you will require a 15 min. evaluation; please schedule one today with Randy.

CONTRACT POLICIES & TERMS OF ENROLLMENT:

- Your Registration herein is a Contract between you and the club for the 5-week session, and Participants remain liable for the total cost of their clinic(s) until paid in full. There will be no refund if a player does not attend on any given day/s.
- **ALL player names, up to the maximum 6 players per court, must be submitted together on the same Registration Form.**
- We encourage your full attendance, commitment and participation in the clinic you have enrolled in.
- Your club membership is continuous and will not terminate automatically at the conclusion of this clinic. As described in membership policies, the club must receive your written notification of membership termination in order for us to terminate it.
- Standard court etiquette and sport specific dress code (tennis whites are recommended) must be complied with at all times. Players should groom their clay court at the end of play.
- Only players listed on this form may participate in this clinic. All players must check-in at Front Desk prior to the start of play. If a substitute player has been arranged on any given day, the club must be informed in advance of his/her name. The 'sub' pays a \$20 Guest Fee and must sign the 'Guest Waiver' before playing. If the 'sub' is a club member, the Guest Fee is waived.

PAYMENT TERMS:

- **Full Payment** is due with this completed Registration Form, and will be drafted immediately.
- Members may choose to house-charge (CTA) in 2 installments. You agree that we will not seek repeated authorizations; you have agreed herein to the full contract \$ amount being charged in 2 installments.
- You agree that you remain liable for any uncollected balance due until paid in full in the event your bank or credit card account declines.

MAKE-UPS POLICIES:

- (a) No make-ups classes will be allowed for this 5- week Clinic.
- (b) No individual make-ups for any players who missed a group class that is held as per schedule.
- (c) If class is missed or cancelled due to events that are beyond Hardscrabble Club's control, such as bad weather, local or national crisis or emergency, religious holidays, power outages, etc., there will be up to 1 make-up class provided for this 5-week Clinic.

REGISTRATION CANCELLATION POLICIES:

- Your **Notice of Cancellation** must be received by the club **IN WRITING**, via fax, e-mail or U.S. Postal Service. We regret that we cannot honor verbal or telephonic messages in this regard. Please include the names of all canceling participants in your notification.
- You may cancel this registration **IN WRITING** within 3 days of your registration date at no cost to you.
- After the 3 days, if you break this contract due to early withdrawal or any other reason and fail to complete your Installment Plan, your account will fall into 'Collections' status and followed up accordingly.

WAIVER: My signature on the reverse side of this form represents that: I have read and do accept the policies listed above and herein. I also understand and acknowledge the risks of injury that are inherent in any program involving physical activity, and as a participant named herein, I hereby waive and release any and all rights and claims for damages I may have against Hardscrabble Club Corp., the clinic/program director/s, instructors, employees, owners and/or any other sponsors and their respective representatives for any damage to or loss of my property and for any and all injuries sustained by myself in connection with any participation in the club's/academy's programs or other activities.

CONSENT: I do hereby give my consent to medical care, emergency or otherwise, including any necessary transportation, in the event of injury to or any other illness pertaining to me. I also consent to photographs/videos taken at the program that may include me being used for advertising and other media efforts.