



2019/20 FALL/SPRING ACADEMY REGISTRATION FORM

SESSION I
Aug 26th - Nov. 2nd
No class: 9/2

SESSION II
Nov. 4th - Jan 25th
No Class: Dec. 23rd-28th

SESSION III
Jan 27th - Mar. 28th

SESSION IIII
Mar. 30th - June 13th
No Class: Apr. 6th -10th

ACADEMY | MONDAY, TUESDAY & THURSDAY 4:00PM - 5:45 PM

The Sunset Tennis Academy program is designed to provide the framework for players to achieve their tennis goals. Players in this program should be striving to get better for high school or tournament competition.

8 WEEK SESSION PROGRAM FEES

Unlimited: \$450 | \$385/STM

18 Pack Program: \$415 | \$335/STM

10 Pack Program: \$280 | \$230/STM

Player's Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Birth Date: _____

STM Member: Yes No

Please select program: Unlimited 18 Pack Program 10 Pack Program

Select Primary Days: Monday Tuesday Thursday

For Staffing Purposes please select your most likely days to attend.

PAYMENT RESPONSIBILITY

All Participants in Sunset Tennis Programming MUST maintain a credit card on file. All Charges for goods or services will be placed on a house account. You may set up a personal login to your account to view charges and make payments. All accounts with balances will be charged to the credit card on file on the 5th of the month.

X Payment Responsibility Signature: _____

PAYMENT METHOD FOR ACCOUNT SET UP

Name of Primary on Account: _____

Additional Account Members: _____

Name on Credit Card: _____ Card Number: _____

Expiration Date: _____ CV Code: _____

WAIVER

I, myself, parent or guardian, hereby assume all risks and hazards of activities that pertain to these clinics. I release Sunset Club, LLC, B. Smith Holdings LP, employees, volunteers or anyone associated with said companies from all liabilities and I hereby waive my all claims against them. I understand that no insurance coverage is provided to clinic participants by either of the Sunset Club LLC or B.Smith Holdings LP.

Signature

Date