



# 2019/20 U10/U12 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

## U10/U12 PROGRAM MONDAY & WEDNESDAY 6:00PM - 7:00PM | SATURDAY 9:45AM - 10:45AM

The homeschool program at Sunset is the foundational development group for our players. These players are group according to age and ability and use the primary ball for their age and skill development. These players are encouraged to participate in our JTT and club tennis events for extra match experience.

### SESSION PROGRAM FEES

Unlimited: \$280 | \$220/STM

18 Pack Program: \$240 | \$195/STM

10 Pack Program: \$145 | \$130/STM

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

STM Member:  Yes  No

Please select program:  Unlimited  18 Pack Program  10 Pack Program

Select Primary Days:  Monday  Wednesday  Saturday

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