



**Elite Tennis Application 2024-2025 Season**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Health Status (Are there any health problems we should be aware of)  
\_\_\_\_\_  
\_\_\_\_\_

Tennis Ability:  
Beginner \_\_\_\_\_ Adv Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_  
Adv Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Ranked \_\_\_\_\_

Program(s):  
\_\_\_\_ Adult Clinic \_\_\_\_\_ Junior Clinic

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

Location: (West Caldwell / Fairfield)

Session: (Fall / Winter / Spring)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUST SIGN AND RETURN IN ORDER TO GUARANTEE SPOT**

**Send all payments and correspondence to:  
Elite Tennis/42 Fairfield Pl./ W. Caldwell/NJ/07006  
Tel: 973-575-1000 Fax: 973-575-1176**

\*This agreement is valid for the entire 2024-2025 season

Invoice Number: \_\_\_\_\_

**PAYMENT:**

**DATE:**

**Clinic Price/11 Weeks:**

\$ \_\_\_\_\_

1 Hour = \$450

90 Min = \$675

2 Hour = \$895

3 Hour = \$1325

Payment Type:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card #:

Expiration Date:

I the Player/Parent/Guardian

Agree to pay in full for his or her program before the first day of the program. We understand that player(s) will not be able to participate in the program unless the tuition is paid in full. **We also understand that there are no refunds or credits for absences and that make-ups are not guaranteed. ONE make-up per session, according to space availability unless otherwise approved through the office. We kindly request absences are reported via email. In the event player(s) must withdraw from the program, we understand that no refunds are available, but Elite may extend credit for the unused portion of the program for use towards future programs. An administrative processing fee will be applied to cover any changes or cancellations.**

**Waiver of Liability:** As consideration for being permitted to participate in activities and use the premises and facilities owned and/or operated by Tiger Tennis and Racquet Club, LLC, Fairfield Racquet Club, LLC, Elite Tennis Academy, Inc. and at Brookdale Park, Montclair, New Jersey (collectively referred to as the "Owners/Operators"), the undersigned Player(s), I forever release the Owners/Operators, any affiliated entity, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.

I am signing this Agreement freely, voluntarily and competently and am at least eighteen (18) years of age.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_