

ELITE



TENNIS ACADEMY @ BROOKDALE PARK

2024 CLINICS

Day: _____

Time: _____

Start Date: _____

of Weeks: _____

Notes: _____

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: _____

Name: _____

Age: _____ Male ___ Female ___ Date: _____

Address: _____

City/Zip: _____

Phone #: _____

E-mail Address: _____

Tennis Ability:

___ Beginner ___ Adv Beg ___ Inter ___ Adv Inter ___ Adv

Program(s):

___ Pee-woo ___ Kids Clinic ___ Adult Clinic ___ Privates ___ Camp

Payment Method:

Check ___ Cash ___ VISA ___ MasterCard ___

CC #: _____

Exp: _____

Name on Card: _____

TOTAL AMOUNT DUE: \$

CLINIC PRICING:

1 Hour Clinic: 8 sessions - \$230/student

90 Min Clinic: 8 sessions - \$340/student

*If a clinic has already begun, the pricing will be pro-rated.

PRIVATE LESSON PRICING:

INSTRUCTOR = \$80/HOUR _____ HEAD PRO=\$95/HOUR _____

PRO = \$90/HOUR _____ DIRECTOR= \$110/HOUR _____

*Semi-privates add \$10 to hourly rate.

Notes: _____

Payment Policy – Please Read and Sign

We the parents/player _____

Agree to pay in full for his or her program before the first day of the program. We understand that our child 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 our child must withdraw from the program, we understand that there are 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.

Signature _____

Date _____

MUST SIGN AND RETURN IN ORDER TO GUARENTEE SPOT.

Send all payments and correspondence to:

Elite Tennis/42 Fairfield Pl./ W. Caldwell/NJ/07006

Tel: 973-575-1000 Fax: 973-575-1176