

Invoice Number: _____

ELITE



TENNIS ACADEMY

Elite Pickleball @ Brookdale Park

2024 - Application

Name: _____

Age: _____ Birthday: _____

M: ___ F: ___

Address: _____

Town/Zip: _____

Cell Phone #: _____

Email Address: _____

Health Status
(Are there any health problems we should be aware of?):

Ability:
___ Beginner ___ Intermediate ___ Advanced

Program(s):
___ Clinics ___ Leagues
___ Privates ___ Open Play

Day: _____

Time: _____

Start Date: _____

Location: (West Caldwell / Fairfield)

Session: (Fall / Winter / Spring)

Notes:

Payment **Date:** _____

Prices- 6-week sessions

- 1 Hour clinic=\$168
- 90 Min clinic=\$252
- 3 +pro – 1 Hour clinic=\$180
- 3 +pro – 90 Min clinic =\$270
- Semi-Private= \$90 /hr.

Total Due:

\$ _____

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: Any athletic or physical activity involves certain risks. The undersigned Player(s) assumes the risk of any, and all accidents or injuries of any kind, that may be sustained by, or in connection with the use of the Tiger Tennis, Fairfield Racquet Club facilities and Elite Tennis Academy. The staff and Tennis Professionals of the aforementioned assume no responsibility for any injury, accidents, or loss of personal property.

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

Name (please print): _____

Signature: _____

Date: _____

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 2023-2024 season