

# Ridgefield Tennis Club

## FALL/WINTER JUNIOR CLINIC PROGRAMS

**38 week session** 9/8/11-6/11/12

45min -\$28

1 hr - \$38/wk

1 ½ hr - \$50

Matchplay - \$19/wk

**19 week Fall** 9/8/11-1/29/12

45min -\$30

1 hr - \$43/wk

1 ½ hr - \$55

Matchplay - \$24/wk

**19 week Winter** 1/30/12-6/11/12

45min -\$30

1 hr - \$43/wk

1 ½ hr - \$55

Matchplay - \$24/wk

**No clinics:** (11/24-11/27) (12/23-1/1) (5/28)

**Please circle which session and class you are signing up for.**

**\*Note:** Fri, Sat and Sun will be 37wk Full/ 18wk Fall/ 19wk Winter. One registration form per child.

Parent Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Day Requested: \_\_\_\_\_ Time: \_\_\_\_\_ Skill level: \_\_\_\_\_

### \$150 non-refundable deposit per clinic:

I hereby release Ridgefield Tennis Club from any and all claims and liability of any kind resulting from injury due to participation in activities at Ridgefield Tennis Club.

Child's Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check and sign which payment plan you prefer for your Junior Clinic balance:

- I authorize Ridgefield Tennis Club to put the balance of the Junior Clinic on *AUTOPAY* (3 monthly payments for 19wks and 6 monthly payments for 38 wks) deducted directly from my credit card or checking account, starting Sept 1<sup>st</sup> and Jan 1<sup>st</sup>.

Credit Card # \_\_\_\_\_ Exp date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

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

- I agree to pay in *FULL* for the balance of this Junior Clinic, due in full by 9/1/11 for Full season and Fall, 1/1/12 for Winter

Signature \_\_\_\_\_ Date \_\_\_\_\_