



FULL TIME PLAYER DEVELOPMENT PROGRAM APPLICATION FORM

September 13, 2021 through April 3, 2022

(No class 11/25/21 – 11/28/21 and 12/20/21 – 1/2/22)

All placements are determined by John DeFilippo, Director of Tennis

PLAYER'S NAME: _____ **AGE:** ____ **SEX:** M / F
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
PARENT: _____ **PHONE #:** _____ **EMAIL:** _____

FULL TIME PLAYER DEVELOPMENT PROGRAM

Days Offered: Monday through Friday 2:00pm – 4:00pm

Rate: \$2000 per month

\$ 500 per week

\$ 125 per day

APPROVED SCHEDULE: _____

DIRECTOR'S SIGNATURE(S): _____

PARENT'S SIGNATURE: _____

\$500 deposit upon registration **Date Paid** _____

After deposit, I authorize Solaris to automatically charge my credit card for schedule charges.

Visa MasterCard Discover

Credit Card # _____ **Exp Date:** _____

Signature: _____ **Date:** _____

Terms and Conditions – MUST BE SIGNED UPON REGISTRATION

- No refunds due to withdrawal from program for conflicts with other activities.**
- No Individual make-up lessons for missed classes due to conflicts with other activities or personal reasons.**
- Make-up classes only for weather related conditions or USTA tournaments held at Solaris.**

Waiver and Medical Release – MUST BE SIGNED UPON REGISTRATION

I hereby warrant and represent that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or activity that will be detrimental to my health, safety, or physical condition if I so engage or participate. This representation is made by the undersigned knowing that SOLARIS RACQUET CLUB (the "Club") will rely on the same. The undersigned hereby acknowledges that in using the facilities, programs and equipment of the Club I do so entirely at my own risk. In consideration of my ability to use the Club's facilities and equipment I expressly agree that the Club shall not be liable for any personal injuries or any loss or damage to property sustained on or about the Club premises resulting from or arising out of the acts or omissions of the Club and/or its staff, or the acts or omissions of any other person on the premises resulting from or arising out of the acts or omissions of the Club and/or its staff, or the acts or omissions of any other person on the premises of the Club and I assume full responsibility for same. I affirm that there are inherent risks in all health and fitness club activities that I am aware of and appreciate these risks and I assume all responsibility for personal injury and/or loss from these injuries.

I further agree to release from liability and to indemnify and hold harmless the Club for any and all claims arising as a result of my engaging in Club activities or any activities incidental thereto, where, whenever, or however the same may occur.

I affirm that I am the parent or legal guardian of the minor for whom I am signing. I have read the above and fully understand that by signing this form, I agree to these terms and conditions and giving up my legal rights and/or remedies which may be available to me for the ordinary negligence of the Club.

Signature: _____ **Date:** _____