



**SOLARIS RACQUET CLUB 2023-2024 SEASON
ADULT CLINIC REGISTRATION FORM
Thursday, September 7, 2023 through Monday, April 29, 2024
NO REFUNDS IF PLAYER DROPS OUT BEFORE SEASON ENDS**

Name: _____		Email: _____	
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Credit Card #: _____		Exp: _____	Sec: _____

Adult Clinic: 1 1/2 hour _____ Day: _____ Time: _____ Pro: _____ # of Shares _____ \$200 deposit required.	Clinic Costs: 31 Week Season 1 ½ hour - Full Share: \$2499 ea (4 players) Half Share: \$1289.76 (16 wks) Half Share: \$1209.15 (15 wks) \$80.61 per share
Adult Clinic: 1 1/2 hour _____ Day: _____ Time: _____ Pro: _____ # of Shares _____ \$200 deposit required.	Clinic Costs: 31 Week Season – 3 Player 3 player clinic 1 ½ Hour – Full Share: \$3332 ea (3 players) Half Share: \$1719.68 (16 wks) Half Share: \$1612.20 (15 wks) \$107.48 per share
Adult Clinic: 1 hour _____ Day: _____ Time: _____ Pro: _____ # of Shares _____ \$200 deposit required.	Clinic Costs: 31 Week Season 1 Hour – Full Share: \$1658.50 ea (4 players) Half Share: \$ 856 (16 wks) Half Share: \$ 802.50 (15 wks) \$53.50 per share

PAYMENT OPTIONS

- _____ 1. Payment in Full on first day of clinic
- _____ 2. 50% on first day of clinic/50% week of January 2, 2024
- _____ 3. Installment billing: After \$200 deposit, automatic billing – must have current credit card on file.

Payment: Deposit: _____ Date: _____

Signature for installment billing _____

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.

Signature: _____ **Date:** _____