 **SOLARIS RACQUET CLUB 2024-2025 SEASON**

 **ADULT CLINIC REGISTRATION FORM**

 **Thursday, September 5, 2024 through Friday, April 25, 2025**

 **NO REFUNDS IF PLAYER DROPS OUT BEFORE SEASON ENDS**

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

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|  **Adult Clinic: 1 1/2 hour \_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  **Clinic Costs: 31 Week Season**  |
|  Time: \_\_\_\_\_\_\_\_\_\_\_\_ Pro: \_\_\_\_\_\_\_\_\_\_\_  # of Shares \_\_\_\_\_\_\_\_\_\_\_\_\_ $200 deposit required. |  |  1 ½ hour - Full Share: $2604 ea (4 players) Half Share: $1344 (16 wks) Half Share: $1260 (15 wks)  $84 per share  |
|  **Adult Clinic: 1 1/2 hour \_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  **Clinic Costs: 31 Week Season – 3 Player** |
|  Time: \_\_\_\_\_\_\_\_\_\_\_\_ Pro: \_\_\_\_\_\_\_\_\_\_\_  # of Shares \_\_\_\_\_\_\_\_\_\_\_\_\_ $200 deposit required. |  |  **3 player clinic** 1 ½ Hour – Full Share: $3410 ea (3 players) Half Share: $1760 (16 wks) Half Share: $1650 (15 wks) $110 per share |
|  **Adult Clinic: 1 hour \_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  **Clinic Costs: 31 Week Season** |
|  Time: \_\_\_\_\_\_\_\_\_\_\_\_ Pro: \_\_\_\_\_\_\_\_\_\_\_  # of Shares \_\_\_\_\_\_\_\_\_\_\_\_\_ $200 deposit required. |  |  1 Hour – Full Share: $1736 ea (4 players) Half Share: $ 896 (16 wks) Half Share: $ 840 (15 wks) $56 per share |
| **PAYMENT OPTIONS** \_\_\_\_\_\_1. Payment in Full on first day of clinic \_\_\_\_\_ 2. 50% on first day of clinic/50% week of January 6, 2025 \_\_\_\_\_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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**