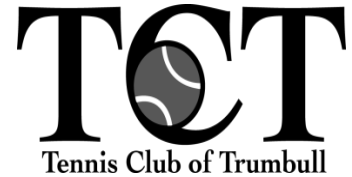


# Adult Clinic Renewal Application

## Fall 2016



Player Name \_\_\_\_\_

**Session Length:** 17 weeks **Cost:** \$748 (60 minutes); \$1122 (90 minutes)

Monday - September 12<sup>th</sup> – January 9<sup>th</sup>

Tuesday - September 13<sup>th</sup> – January 10<sup>th</sup>

Wednesday - September 14<sup>th</sup> – January 11<sup>th</sup>

Thursday - September 8<sup>th</sup> – January 12<sup>th</sup>

Friday - September 9<sup>th</sup> – January 13<sup>th</sup>

Saturday - September 10<sup>th</sup> – January 21<sup>st</sup>

Sunday - September 11<sup>th</sup> – January 22<sup>nd</sup>

**No Clinics November 24<sup>th</sup> – 27<sup>th</sup> and December 24<sup>th</sup> – January 1st**

**Day/Time:** \_\_\_\_\_ **Pro:** \_\_\_\_\_

Deposit Payment Options:

Check Enclosed

MasterCard/Visa/Discover # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

- **Deposit of \$200 requested upon registration.**
- *Payment due in full on or by first day of session. Autopay is available at no charge*

Please return this form to the address below or feel free to call us with any questions

***There are no guaranteed make-ups or credits for missed classes***

***This liability waiver must be signed to complete enrollment***

### WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, the Member/Guest elects to use the Tennis Club of Trumbull (the "Club") and acknowledges and accepts the risk inherent in the use of the Club's facilities or services. The Member/Guest voluntarily and expressly assumes the risk of injury or damage to the Member/Guest or their property which might arise from the use of the Club's facilities or services, and releases the Club, its officers, agents and employees from all claims, liabilities, loss, damage, costs and/or causes of action that may result.

The Member/Guest further certifies that he or she is in good health and is able to undertake and engage in physical exercise and/or sports activities in which he or she chooses to participate.

The Member hereby acknowledges and represents that he or she is of sound mind and over eighteen (18) years of age.

\_\_\_\_\_  
Name of Member/Guest

\_\_\_\_\_  
Signature of Member/Guest

\_\_\_\_\_  
Date