Junior Clinic Renewal Application-Fall2020/Winter 2021



Player Name	Birthdate
Parent Name	Phone #
Address	Email
The start date for the Fall Deposits are non-refundable after Au or you may register in TCT's Autop There will not be clinics on Sept. 7,	urn this form with deposit to TCT or call us with any questions. /Winter Session is Thursday, August 27, 2020. ugust 17, 2020. Payment is due in full by first day of clinic ay program (form available at TCT and on TCT website). Nov. 26-29, Dec. 24-Jan. 1, and March 13(after12pm)-14. dditional days/times please email us at juniors@tcttennis.com
Tournament Training 1.0(27 weeks) (refer to brochure for TT pricing)	1.5 (27 weeks) 2.0 (20 weeks) 2.5 (20 weeks)
Varsity Training (27 weeks) (refer to bro	chure for VT pricing)
TT/VT Matchplay: TT1.0/1.5/V∏ ☐ Yes, I would like to participate in	
TT/VT PROGRAM DAY(S)/TIME	E(S):
Day(s): M T W TH F S	Time:
Junior Varsity Training/Varsity Traini 10U Advanced (20 weeks/1.5 hrs)	
Intermediate Clinic (10weeks/1 hr)	
,	
Novice Clinic (10 weeks/1 hr)	Cost \$350
	chplay: SUN 1:30-2:30 Cost w/Intermediate/Novice clinic(10 weeks) \$100 JV Training/Intermediate/Novice Matchplay!
8U Red Ball (10 weeks/1 hr)	Cost \$475
JUNIOR PROGRAM DAY(S)/TIM	ME(S):
Day(s): M T W TH F S	Time:
Deposit Payment Options:	
☐ Check Enclosed	
	Exp/CVV
Amount \$	(or call 203-268-3030 to process via phone)

THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT



For the Tennis Club of Trumbull

IN CONSIDERATION of being permitted to participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the **Tennis Club of Trumbull**, and all of their directors, officers, agents, volunteers and employees, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the participating in the program, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.

HEREBY acknowledges that tennis MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the participation of the activities whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

HEREBY grants to the Releasees (and grants to the Releasees the right to grant to others), as well as their successors and assigns, in perpetuity, the irrevocable right (but not the obligation), with or without my knowledge, to film, tape, photograph, record, exhibit, edit, alter, copy, reproduce, license, sell, rent, disclose, display, publish, distribute, broadcast, webcast, prepare derivative works from or otherwise preserve, use and/or exploit in any format and/or manner now known or hereafter developed, whether commercial or non-commercial in nature (collectively, the "Use and Materials"): (1) my appearance at and/or participation in the Event; (2) my name, likeness, signature, voice, singing voice, conversation, sounds, biographical data, testimonials, and/or any other information or material secured by the Releasees in connection with my appearance at and/or participation in the Event. I agree that Releasees shall have the right to the Use and Materials, for their own account, throughout the universe and in perpetuity. I acknowledge and agree that I shall not be entitled to receive any compensation whatsoever in I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

SIGNED:	DATE:
PRINT NAME:	DATE OF BIRTH (M/D/YYYY):
PARENT OR LEGAL GUARDIAN ACKNOWLED	GEMENT (IF UNDER THE AGE OF 18)
Release (or, if applicable, have voluntarily executed said Release on Mi	the individual who signed the foregoing Release. I fully consent to and voluntarily authorize the Minor to execute said nor's behalf). I acknowledge and agree that all representations, consents, agreements, be regarded as made by me on behalf of the Minor and shall be binding on me and the
	Minor in the Event, I hereby agree to be bound by and to perform all of the terms and visions regarding release of all claims), as such terms and conditions may relate to my
SIGNED:	DATE:
PRINT NAME:	RELATIONSHIP TO MINOR:

Tennis Club of Trumbull Policies

- Club is not responsible for any injuries sustained on its courts or any part of the property. This waiver must be signed and returned to the club before participating in TCT programs.
- Customer is responsible for the full cost of private lessons, reserved open time, USTA matches and drop in programs (ex. Point Play) if they do not cancel 24 hours in advance.
- Free court time for those currently enrolled in TCT's junior and adult clinics must be booked and played the same day and
 court time must be for the length of the clinic time and only free to clinic member. Does not apply to Junior Novice clinic or
 Adult Beginner clinic.
- No make-ups or credits for missed classes or cancellations due to inclement weather.
- Injury Policy: Upon receipt of a doctor's note, credit will be given for up to 3 weeks of absences for one injury per session. Doctor's note must be received within 1 week of injury. Credit will not be given for injuries beyond 3 weeks unless the player is willing to give up their spot in the clinic. If the spot is relinquished credit will be given to the end of the session. Any illnesses (including covid) are not covered by credit policy.
- Cancellation Policy: Withdrawal or cancellation from a program after the deadline specified in the renewal letter and before the beginning of the session will result in the forfeiting of all deposit monies. If the customer cancels or drops out after the clinic start date the customer is responsible for the full cost of the clinic session.
- Change Policy: Changes in clinic days, times or programs at the request of the player and/or parent, will be assessed a change fee of \$150. If the change is the result of the Club management request or recommendation this change fee will not apply.