

Advantage Tennis Player Registration Form

Player's Name: _____ Age: _____ Birthday: _____ Grade: _____

Parent's Name: _____ Cell: _____ Email: _____

Player's Experience Level: Beginner Intermediate Advanced

Please initial on the line next to each of our policies below:

- _____ 1. Payments must be made in advance.
- _____ 2. Players are on a month-to-month commitment.
- _____ 3. Monthly clinics will be invoiced and sent via email at the beginning of each month.
- _____ 4. Program follows all school holidays for Pasco County schools (no school = no tennis).
- _____ 5. Monthly fee will be pro-rated for school holidays. Clinics that are cancelled due to inclement weather will result in a credit being applied to the following month.
- _____ 6. No credits or refunds will be issued for absences (including illness, vacation, etc.). Exceptions will be made on a case-by-case basis and will result in a credit being applied to the following month.
- _____ 7. If there is an available clinic, you may attend a make-up clinic within 2 weeks of the absence date.
- _____ 8. Players must wear proper footwear to participate. Inappropriate footwear (i.e., Crocs, Heelys, boots, sandals, slides, etc.) will result in a forfeiture of that session.
- _____ 9. Cancellation of this agreement should be made in writing and sent via email to info@advantagetennisclinics.com. Please contact us at least 15 days prior to the next billing date.

I understand and accept the existence of risks in connection with tennis lessons. By signing below, I agree to assume such risks and agree to accept responsibility for any injuries sustained during tennis lessons. On behalf of my child, and myself, I hereby expressly waive any claim of liability against David Mitchell (DBA Advantage Tennis), the facility lessons take place, their instructors, agents, and contractors, for any negligence, personal injury, premises liability, or other damage or loss which may occur during the above tennis program.

Signature of Parent: _____

Date: _____