



## U18 COMPETITIVE TRAINING PROGRAM 2019-20 Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent or legal guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address(es)\*: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Participant's DOB: \_\_\_\_\_ Tennis Academy member:  Yes  No

\* Please drop off forms at Pro Shop desk or email to [doug@thetennisacademy.ca](mailto:doug@thetennisacademy.ca)

### Schedule

Full Time: 7:00 – 8:30 pm (Monday, Tuesday, Thursday & Friday)

Part Time: 7:00 – 8:30 pm (Monday, Tuesday & Thursday)

Fitness: 6:15 - 7:00 PM (Monday, Tuesday & Thursday)

### PAYMENT SCHEDULE

For those choosing the 10 monthly installments they will be billed automatically on the 15th of the month from June (installment 1) to March (installment 10) to your credit card each month and will not have to be settled online monthly. For registrations after June all installments up until the time of registration are due.

<b>Fee</b>	<b>Full Time</b>	<b>Installments Full Time</b>	<b>Part Time</b>	<b>Installments Part Time</b>
<b>Member</b>	<b>\$5,300.00</b>	<b>\$530.00</b>	<b>\$3,750.00</b>	<b>\$375</b>
<b>Non-Member</b>	<b>\$5,800.00</b>	<b>\$580.00</b>	<b>\$4,250.00</b>	<b>\$425</b>

### Method of Payment

- Prepaid in full
- Automatic charge to credit card on specified dates
- Post Dated Cheques

**Refund Policy**

**There will be NO REFUNDS after 1<sup>st</sup> payment date**

The U18 Competitive Program runs from Tuesday September 3, 2019 to Friday June 26, 2020. By signing this registration form, each parent understands that they are committing to pay for the entire program (dates stated above). The fees for the program can be broken down into 10 installments billed on the 15th of each month from June 15, 2019 to March 15, 2020. Refunds will be considered based on the club finding a suitable replacement for your child.

***I have read, understand and agree to the refund policy***

Parent/Guardian Signature:

Date:

**Injury Policy**

If a player receives a tennis-related injury that will keep him/her off court for more than three weeks in a row, a parent can request a credit for 50% off the time missed from practice. Request for a credit must be made in writing and must be accompanied by a doctor's note the day after diagnosis. The Tennis Academy reserves the right to fill that player's spot in the National Training Program with someone wishing to join.

***I have read understand and agree to the injury policy***

Parent/Guardian Signature:

Date:

**Photo Consent**

I hereby consent to the use of and grant to the Tennis Academy the right to use, for the purposes of promoting Tennis Academy programs or services, any photographs taken of the following minor while they attend the program may be used for future publications & promotions. I understand no other personal information about the minor will be released by the Tennis Academy without my permission.

Parent/Guardian Signature:

Date:

**Note: Payment includes all coaching days during the sessions. No alternate funding arrangement will be made if your child cannot attend due to other commitments.**

**FULL TIME PLAYERS TAKE PRIORITY OVER PART TIME PLAYERS.**

**Marc Colangeli's Approval:** \_\_\_\_\_