



Spring 2022 Registration Form

SESSION DATES: Monday May 9th, 2022 - Sunday June 19th, 2022 (6 weeks)
No Play: Monday, May 31st (Memorial Day)

Participant Name: _____ DOB: _____ Parent's Name (Juniors Only): _____

Address: _____ City: _____

State: _____ Zip: _____ Cell: _____ Email: _____

CHECK OFF APPLICABLE PROGRAM(S)

<p style="text-align: center; color: blue;">ADULT TENNIS</p> <p style="text-align: center;">USTA LADIES TEAM PRACTICES</p> <p style="text-align: center;">Team Level: 2.5 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.5 <input type="checkbox"/> 2 hr \$540</p>	<p style="text-align: center; color: blue;">SEASONAL COURT RENTALS</p> <p>WEEKDAYS: 1 hr <input type="checkbox"/> \$390 / 1.5 hr <input type="checkbox"/> \$585 WEEKENDS: 1 hr <input type="checkbox"/> \$450 / 1.5 hr <input type="checkbox"/> \$675</p>		
<p style="text-align: center; color: blue;">JUNIOR PROGRAM</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">DEVELOPMENTAL PATHWAY</p> <p>Orange Ball <input type="checkbox"/> Green Dot <input type="checkbox"/> Regular Ball <input type="checkbox"/> 1 hr \$360 / 1.5 hr \$540</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">TOURNAMENT TRAINING</p> <p>Competition Team 1 2 <input type="checkbox"/> Premier Team <input type="checkbox"/> Elite Team <input type="checkbox"/> 1.5 hr \$540 / 2 hr \$720</p> </td> </tr> </table>	<p style="text-align: center;">DEVELOPMENTAL PATHWAY</p> <p>Orange Ball <input type="checkbox"/> Green Dot <input type="checkbox"/> Regular Ball <input type="checkbox"/> 1 hr \$360 / 1.5 hr \$540</p>	<p style="text-align: center;">TOURNAMENT TRAINING</p> <p>Competition Team 1 2 <input type="checkbox"/> Premier Team <input type="checkbox"/> Elite Team <input type="checkbox"/> 1.5 hr \$540 / 2 hr \$720</p>	<p style="text-align: center; color: blue;">SEASONAL PRIVATE LESSONS</p> <p>1 hr <input type="checkbox"/> \$900 / 1.5 hr <input type="checkbox"/> \$1350</p> <p style="text-align: center;">SEMI PRIVATE</p> <p>1 hr <input type="checkbox"/> \$450 per player / 1.5 hr <input type="checkbox"/> \$675 per player</p> <p style="text-align: center;">3 PLAYER PRIVATE GROUP</p> <p>1 hr <input type="checkbox"/> \$360 per player / 1.5 hr <input type="checkbox"/> \$540 per player</p> <p style="text-align: center;">4 PLAYER PRIVATE GROUP</p> <p>1 hr <input type="checkbox"/> \$270 per player / 1.5 hr <input type="checkbox"/> \$405 per player</p>
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MAKE UP POLICY

No refunds or credits for missed classes. Make ups will be given only for classes canceled with at least 24 hour notice. Make ups for team practices and junior clinics will be offered during other regularly scheduled clinics. Make ups for private lessons are to be rescheduled by the end of the session.

PHOTO/VIDEO PERMISSION RELEASE

I give permission for Synergy Tennis Group LLC to photograph/videotape me while in any activities at any Synergy Tennis facility for possible use in marketing/promoting Synergy tennis by use of, but not limited to, social media/blog sites (Facebook, Twitter, Instagram), email advertising, print advertising and or TV advertising. Synergy Tennis will not use any players name without written permission from player or participant.

WAIVER OF LIABILITY; ASSUMPTION OF RISK

I hereby fully waive and release Synergy Tennis Group LLC from any and all claims of personal injury that I may sustain while participating in any form of tennis activities at Synergy Tennis facilities or property. I hereby voluntarily, at my own risk, sign this Waiver of Liability and Assumption of Risk in sole consideration of being permitted to use Synergy Tennis facilities or property. I acknowledge that Synergy Tennis is not responsible for items of personal property damaged at, or stolen from Synergy Tennis facilities or property. I represent that I am physically capable of participating in activities at Synergy Tennis without risk to my health and well-being or other participants. I am not under the influence of drugs or alcohol which impairs my ability to maintain my safety, awareness, or endangers others. By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks and agree to use my best judgement while engaging in any tennis activity. I further agree to identify and hold harmless the Release, it's employees, agents and officers from and against any and all liability incurred as a result of or in any manner related to my participation in the activities. I have read and understood the foregoing and acknowledge my consent to the terms of this Waiver of Liability & Assumption of Risk by signing below.

By signing below you are agreeing to all Synergy Tennis' above policies and waiver of liability.

SIGNATURE: _____

Parent/Guardian's signature if a minor

DATE: _____

PAYMENT

TOTAL AMOUNT DUE: \$ _____

PAYMENT METHOD

CHECK:

ZELLE:

Checks payable to: Synergy Tennis

Zelle payable to: info@synergytennis.com