



Fall 2019 Junior Clinic Application

Start date: 09/16/2019

INQUIRE AT FRONT DESK FOR DATES AND POLICY INFORMATION

Contact: Dean@nrrc.us

PLAYER INFORMATION PLEASE PRINT CLEARLY

Female
 Male

Last Name First Name Date of Birth

Responsible Party/Parent's Name

Parent's Email Address - Required for billing and communications

Address City State Zip

Home Phone Emergency Phone Cell Phone

JUNIOR DEVELOPMENT PROGRAM (4:1 Student/Pro Ratio)

JUNIOR CLINICS

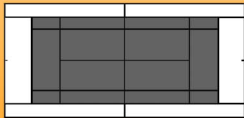
ORANGE

AGES 9-10



ORANGE BALL

Moves slower and bounces lower than green ball



Recommended 1-2 days/ wk

Select Program:

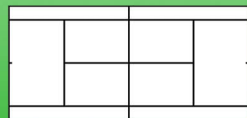
GREEN

11 & UP



GREEN BALL

Slightly reduced bounce from yellow ball



Recommended at least 2 days/ wk

Select Program:

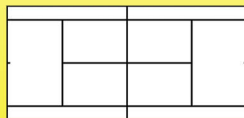
YELLOW

11 & UP



YELLOW BALL

Regulation tennis ball



Recommended at least 2 days/ wk

Select Program:

PLEASE INDICATE CHOICES: (1st, 2nd, 3rd)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday and Sunday
<input type="checkbox"/> 3:30	<input type="checkbox"/> 3:30	<input type="checkbox"/> 2:30	<input type="checkbox"/> 3:30	<input type="checkbox"/> 2:30	Day/Time Preference: _____ _____
<input type="checkbox"/> 4:30		<input type="checkbox"/> 3:30	<input type="checkbox"/> 4:30	<input type="checkbox"/> 3:30	
<input type="checkbox"/> 5:30		<input type="checkbox"/> 4:30	<input type="checkbox"/> 5:30	<input type="checkbox"/> 4:30	
			<input type="checkbox"/> 6:30	<input type="checkbox"/> 5:30	

CLINIC COSTS

Program	# Days per Week	Total
Orange Ball Clinic 1 Hr Class		
14 Wks \$950.00		
28 Wks \$1800.00		
Green Ball Clinic 1 Hr Class		
14 Wks \$950.00		
28 Wks \$1800.00		
Yellow Ball 1 Hr Class		
14 Wks \$950.00		
28 Wks \$1800.00		
Subtotal		
Deposit <i>(Required with all applications See back for payment options)</i>		
Balance Due		

JD Benefit - 2nd Class Includes USTA Sanctioned Tournaments / Match Play

PAYMENT INFORMATION

The payment is a Deposit (50%) Payment in Full Payment Plan (*3 installments*: see details below)

Check payment enclosed in the amount of: \$ _____

Please charge my credit card in the amount of: \$ _____

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MasterCard VISA AMEX Discover

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Exp. Date. (MM/YY)

Name on Card: _____ CVV _____ Billing Zip Code: _____

* Payment plans will be taken in 2 (50% deposit) or 3 equal installments: deposit, followed by automatic payments taken Oct 15 & Nov 15 (3 pmt plan). A valid credit card MUST be on file in order to qualify with this plan. Prior approval by management applies. Any applications submitted after Oct 15th will need to be paid in full.

Liability Waiver and Assumption of Risk and Release

I agree that I am the parent or legal guardian of the above student and that we will abide by all the rules and regulations which now exist or which may be hereafter adopted or amended by the management of NRRC. I further acknowledge and agree that there are certain inherent risks in playing tennis, and in fitness/conditioning exercises, and that the club shall not be liable for any personal injuries, property damage, or any other loss sustained by me or my children in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the Club or the negligence of any other persons present on the premises of the club. These conditions apply individually and/or jointly with other players, player's children or guests of players.

Payment is required with the application. No refunds, credits or transfers will be issued after the program has begun. NRRC does not guarantee make ups. **In order to be eligible for a make up the following must be adhered to:**

- 1) **Balances must be up to date.**
- 2) Notice must be given in order to be put on the make up eligibility list. Please contact: tennisdesk@NRRC.us to inform them of a missed class.
- 3) Priority for make ups will be given in the following order:
 - a) Advance notice of 24 hrs or more
 - b) Notice of day before class
 - c) Notice after class is held.

All authorized make-ups (limit 2 per 14 wk. session) must be completed within the session. Any medical leave of absence will require a doctor's note.

A \$50 transfer fee will incur for any class change requests made after the start of the program. If NRRC sees that your child needs to make a class change due to ability, this fee will occur & you will not be charged if there is a change in program price.

Neat tennis attire and tennis sneakers only. Non-marking, flat-soled sneaker required. NRRC retains the rights to any photographs and video taken of students to be used for publicity or advertising. NRRC does not always follow school holidays and inclement weather closings. During inclement weather, please check our website: NRRC.us or call the club for possible cancellations.

Submitting this form does not guarantee placement. Please refer to make-up policy on our website.

Signature: (Required. Also to be used for credit card payment) _____

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www.nrrc.us