

Vista Indoor Tennis

451 Oakridge Drive
South Salem, NY 10590
(914) 533-2582

ADULT CLINIC REGISTRATION FORM

(Please Print)

Name _____

Street _____

Town _____ State _____ Zip _____

Home Phone # () _____ - _____ Work Phone # () _____ - _____

Cell Phone # () _____ - _____ Email _____ @ _____

My Level is: ___ Beg ___ Low Intermediate ___ Intermediate ___ Advanced

Please try to fit me in:

1st choice Day _____ Time _____

2nd choice Day _____ Time _____

Emergency Contact:

Name _____ Phone # _____

Doctor _____ Phone # _____

Full Payment is due with application. Please make checks payable to Vista Tennis
P.O. Box 880 So. Salem, NY 10590

Make-up policy for clinics: Make-ups are limited to 1 per 10 week session and 2 per 24 week session. Make-ups must be used during the session missed. They may not be carried to the next session. All make-ups must be scheduled by appointment & will be assigned where space permits. Please call if you are unable to attend your make-up class. If we do not hear from you at least 24 hours in advance from the scheduled make-up time, no other make-up date will be offered.

Refund Policy: I understand that my payment will only be refunded if I cannot be placed in the group of my choice as indicated above. I also understand that the time/day/level may be canceled or changed due to low enrollment. I understand that I am enrolling in a clinic with specific start and end dates and whether I attend or not, I am responsible for the full session payment. **(please initial _____)**

Waiver and Release: I, the above-referenced tennis player, am aware that I am engaging in physical exercise and that the use of tennis court facilities, training, and instruction could cause injury. I have voluntarily enrolled to participate in these activities and assume all risks of injury that might result. I agree to waive any claims or rights I might otherwise have to sue Vista Indoor Tennis, Inc., its owner, officers, employees, or agents for injury to myself as a result of these activities. I have carefully read this waiver, which states that I assume all risks of injury. I am hereby advised that I should be sufficiently physically fit for tennis activities and should have consulted a physician prior to undertaking this type of physical activities.

Signature _____ Date _____