



# TENNIS CENTER AT COLLEGE PARK

5200 Paint Branch Parkway College Park, MD 20740  
301-779-8000 ph 301-779-8120 fax

## JUNIOR PROGRAMS - SPRING 2008

### Registration Form (One form per student please)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact Name & Phone \_\_\_\_\_

How did you hear about us?

Date \_\_\_\_\_

### PEE WEE & JR BEGINNERS

Check Days & Times

- Tue 4:30-6:00 pm
- Thu 4:30-6:00 pm
- Sat 12-1:30 pm
- Sun 12-1:30 pm

### INTERMEDIATE

Check Days & Times

- Mon 4:30-6pm
- Wed 4:30-6pm
- Sat 1:30-3:00pm
- Sun 1:30-3:00pm

### ADVANCED DEVELOPMENT

Check Days & Times

- Mon 4:30-6:30pm
- Wed 4:30-6:30pm
- Fri 4:30-6:30pm
- Sat 2:30-4:30 pm
- Sun 2:30-4:30 pm

**Make-Up Procedures:** If you miss a class you must call and cancel to be entitled to a makeup spot. To reserve a spot for a make up class, call the front desk to schedule (based on availability). When you attend a make up class, please pick up your "make up card" at the front desk and give to the pro before playing.

**Drop-In / Make-Up Policy:** In order to provide quality instruction, we limit the number of students in each clinic. If you miss a clinic and wish to take a make-up class, YOU MUST contact the Front Desk to notify of cancellation and call in advance to secure a makeup space on another day within that session. **No refunds will be given for missed clinics.** If you wish to Drop-In (try a class), YOU MUST reserve a place with the Front Desk. Please note that if you do not have a confirmed reservation for your make-up /drop-in clinic, you are not guaranteed a place in that clinic when you arrive at the TCCP.

**Inclement Weather Policy:** If Prince George's County schools are closed or dismissed early due to inclement weather, the TCCP will not hold clinics that day. Please call the Front Desk to confirm before heading to the TCCP.

### TOTAL

TCCP Member Type: \_\_\_\_\_ # of Days per Week: \_\_\_\_\_ Session Pricing: \$ \_\_\_\_\_

Prorated Information \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ **TOTAL Due: \$ \_\_\_\_\_**

**Parent/Guardian Contact & Billing Information (if different than front)**

Last Name	First Name	Home Phone	Work Phone
Street Address	City		State/Zip Code
Relationship to Child			

**Cancellations & Withdrawals Policy:** Cancellations and withdrawals from a registered session must be made in writing and must be received by the TCCP Accounting Office prior to the start of the program session. Cancellations and withdrawals are subject to a \$50.00 service charge.

**Behavior Policy:** Any student who behaves in a disruptive manner and/or a manner that limits the other students' enjoyment or learning will be subject to expulsion without refund. During junior clinics, parents are asked to remain quietly in the viewing areas and are not to come onto the courts.

**Waiver:** I, on behalf of myself, my heirs, executors and administrators do fully and forever release and discharge the Tennis Center at College Park, the Junior Tennis Champions Center, Maryland National Capital Park & Planning Commission and/or its owners, shareholders, directors, employees, agents or affiliates (collectively "Center Affiliates") from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my or my dependents' use of or attendance at the Center and/or the Center Affiliates. Further, I release and discharge the Center and the Center Affiliates from any and all liability for any personal injury and any loss, theft of or damage to personal property, including without limitation automobiles and the contents of lockers.

**Payment Authorization Agreement:**

Cash \_\_\_\_\_ Check \_\_\_\_\_ House Charge my account \_\_\_\_\_  
Credit card: Amex \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I have enrolled myself /my dependent in a TCCP tennis program and accept full responsibility for all fees and expenses associated with the program. I hereby authorize the TCCP to process payment by drafting my credit card account as agreed to above. It is my responsibility to ensure that the payment information listed above is current and valid. I agree to pay a \$20 service charge, which will be added to my next payment, if the credit card company, for any reason, does not process a payment. This service charge can be charged at management's discretion. I/my dependent may not participate in the program until full payment has been received. Should I/my dependent withdraw from the program, I will be billed until the TCCP receives seven (7) days written notice. **I agree with all the terms included in this contract.**

Signature \_\_\_\_\_ Date \_\_\_\_\_