



2016/2017 Junior Development Program Registration

Date: _____

PRIMARY CLUB: STTC or VG (please circle one)

Email Required: _____

Cell Phone _____

Profile Updated

Child's Name _____

Parent Name _____

Address _____

City/Zip _____

Picture

Home Phone _____

Level/NTRP Ranking: _____

Age: _____

Birth date: _____

Financial Information

Initial. Electronic Funds Transfer Payment Program Authorization Form Signed. NO PAPER STATEMENTS WILL BE MAILED EXCEPT FOR AN OPENING STATEMENT IN AUGUST AND A CLOSING STATEMENT IN JUNE. LOG ONLINE TO VIEW ACCOUNT CHARGES.

Initial. Village Glen and South Towns Tennis Clubs' membership includes access to a MONTHLY house charge account to be used for services and Pro Shop purchases. EACH MONTH the Electronic Funds Transfer, "EFT" system will process and pay in full the previous month's house charges. Customers should log in to system to view personal charges on statement. Full payment is due by the 5th of each month; non-payment will result in charging Credit Card on the 6th of each month. We reserve the right to process all charges, including finance fees, on your credit card each month. Account balances may not exceed \$1,500. All student memberships will be guaranteed in full by a parent or guardian. Signature of parent or guardian required below.

Initial. Financial Obligation: I have read my primary club's Policies, Rules and Procedures. I understand that House Charging privileges are a benefit of my membership. For house charges not paid in full, a 2% finance charge will be assessed on outstanding balances on the last day of each month. To avoid finance charges, please pay your balances in full each month by check, cash or EFT.

Initial. Make Up Policy: Makeup lessons will be at the Clubs' discretion based on availability. Any makeups will be made during the registered session and only with advance notice. No drop-ins are permitted, as we must maintain an optimal instructor/student ratio. No refunds or prorating for missed sessions. Cost is per session not per lesson.

Parent/Guardian Release: I, _____, hereby give permission for my child(ren) to participate in any and all activities of the South Towns Tennis and/or Village Glen Tennis Clubs Juniors Program. I understand that South Towns Tennis and/or Village Glen Tennis Clubs, its staff or independent contractors is/are not responsible for any injuries or harm incurred by my child's involvement in this sport. All participants must be 18 years or older or must have a parent's signature. You should always consult a doctor before participating in any sports activity. From time to time, food may be served or purchased at the club, which may contain allergens, including but not limited to peanuts and dairy products. Please be aware and take the necessary precautions. In addition, South Towns Tennis and/or Village Glen Tennis Clubs is/are not responsible for the administration or the assistance in the administration of any drug, medication or medical device, whether prescription or over the counter, to or for any member, person or guest regardless of age or capacity. If you have any allergies, you, a parent or guardian are solely responsible for your medical condition and the administration of any required drug or medication.

Signature Required: _____ Date _____

OFFICE USE ONLY - METHOD OF PAYMENT

() Cash () Check () Credit Card () House Charge. Payment received with application _____

Processed By _____ Amount Paid: _____ Transaction No: _____ Date _____

STTC • 75 Mid County Drive, Orchard Park, NY 14127 • (716) 662-9396 • fax: (716) 662-0305
VG • 162 Mill Street • Williamsville, NY 14221 • (716) 633-1635 • fax: (716) 633-1637

www.wnytennis.com