

DELRAY TENNIS SCHOOL

Delray Beach Tennis Center
Advanced Payment Program Rates

Recreational 1

(Ages 4 – 7)

Mo, Tu, Wed, Thu, Fri

3:30 – 4:30 pm

Minimum 4 classes / Month
FEES: \$12 per class/\$48 per session
Daily Drop-In Rate: \$16 per class

Recreational 2

(Ages 7 – 10)

Mo, Tu, Wed, Thu, Fri

3:30pm – 5:00 pm

Minimum 4 classes / Month
FEES: \$18 per class/\$72 per session
Daily Drop-In Rate: \$24 per class

Recreational 3

(Ages 10 - 14)

Mo, Tu, Wed, Thu, Fri

5:00 – 6:30 pm

Minimum 4 classes / Month
FEES: \$18 per class/\$72 per session
Daily Drop-In Rate: \$24 per class

Recreational 4

(Ages 14 – up)

Mo, Tu, Wed, Thu, Fri

5:00 – 6:30 pm

Minimum 4 classes / Month
FEES: \$18 per class/\$72 per session
Daily Drop-In Rate: \$24 per class

Developmental 1

(Ages 4 – 7)

Mo, Tu, Wed, Thu, Fri

3:30 – 4:30 pm

Minimum 8 classes / Month
FEES: \$16 per class/\$128 per session
Daily Drop-In Rate: \$20 per class

Developmental 2

(Ages 7 – 10)

Mo, Tu, Wed, Thu, Fri

3:30pm – 5:00 pm

Minimum 8 classes / Month
FEES: \$24 per class/\$192 per session
Daily Drop-In Rate: \$28 per class

Developmental 3

(Ages 10– 14)

Mo, Tu, Wed, Thu, Fri

5:00 – 7:00 pm

Minimum 8 classes / Month
FEES: \$32 per class/\$256/session
Daily Drop-In Rate: \$36 per class

Developmental 4

(Ages 14–up)

Mo, Tu, Wed, Thu, Fri

5:00 – 7:00 pm

Minimum 8 classes / Month
FEES: \$32 per class/\$256/session
Daily Drop-In Rate: \$36 per class

INCLEMENT WEATHER RULES & REGULATIONS

Clinic dates may change due to inclement weather. In case of rain, you may make up the class on another day. **NO REFUNDS.**

Classes that are cancelled while in progress and have completed 50% or more of the session will not be rescheduled.

Advanced Payment Agreement

*** Payment for each session is required the first day of that session ***

I understand and agree with the Rules & Regulations listed above.

Select the days you will be attending class.

Monday	Tuesday	Wednesday	Thursday	Friday

Juniors Name: _____

Parents Name: _____ Parent's Signature: _____

Email: _____

Medical Waiver Release

Child's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ (Circle One) Male/Female

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Person to contact in case of emergency if Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Phone: _____

In case of serious accident or sudden illness, if parent or emergency person cannot be reached, do you give the supervisor permission to order medical treatment or to have the child transported to a nearby hospital? (circle one) Yes No

If yes, which hospital? _____

The Tennis Center Staff will NOT be allowed to dispense any medication of any kind.

Name of person(s) other than signing below that will be allowed to pick up you child/children:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

RELEASE WAIVER

I, undersigned, intending to be legally bound, do hereby for my child/children, waive and release any and all rights and claims for the damages which we may have against the Delray Beach Tennis Center, their representatives, successors and employees for any injuries that my child/children may suffer in connection with his/her participation in this program.

Print Name: _____ Date: _____

Signature: _____