



Indoor Adult Programs

Player's Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Summer Phone: _____ Cell: _____

Email: _____ Player Level (*please choose from below*)

Beg. 1.0 Adv. Beg. 1.5-2.5 Low Int. 2.5-3.0 Int. 3.0-3.5 Adv. Int. 3.5-4.0 Adv. 4.0-4.5 Open, 5.0 & above

Best Days and Times 1 _____ 2 _____ 3 _____

INTERMEDIATE WALK-ON CLINIC, \$50 per session, \$700 for 16 sessions

9:30-11am M W F

BEG./ADVANCED BEG. ADULT CLINICS, 1.5 hrs. \$700:

Mon. 6:30-8pm Tues. 9:30-11am Thurs. 9:30-11am
 Thurs. 6:30-8pm Thurs. 8-9:30pm

WOMEN'S SINGLES LEAGUES, 1.5 hrs. 11-12pm, 12-1pm, \$350

Mon. 3.5-4.0 Tues. 3.0-3.5 Wed. 2.5-3.0 Thurs. 4.0-4.5

MEN'S SINGLES LEAGUES, 1.5 hrs. 8-9:30pm, \$525

Mon. 4.5-5.0 Tues. 3.0-3.5 Wed. 3.5-4.0

WOMEN'S DOUBLES LEAGUES, 1.5 hrs. 6:30-8pm, \$295

Tues. 3.5 Wed. 3.5-4.0

CARDIO TENNIS, 1 hr, \$450

Tues. 9-10am Thurs. 9-10am

PRIVATE LESSONS

1 hr, Weekdays, \$100 1 hr, Weekends, \$120
 1/2 hr, Weekdays, \$55 1/2 hr, Weekends, \$65

31 wk Seasonal Private Lessons

\$1,550 + Seasonal Court Time

Buy 10 Lesson Pack get one FREE

Weekdays, \$1,000 Weekends, \$1,200

Semi-Privates

\$10 for each additional person

OPEN COURT TIME

Weekdays, \$50 Weekends, \$80

Lessons may be booked 1 wk in advance

24-hr cancellation policy for Weekdays

48-hr cancellation policy for Weekends

A deposit of \$200 per court hour is required with this application to secure placement

Cash Amount: _____ Check #: _____ Amount: _____ *Please make checks payable to Future Stars Tennis Club*

Credit Card Information: MC VISA AMEX

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: __/__/____ Security Code: _____

I authorize Future Stars Southampton LLC, to charge all outstanding balances on the first day of class if not otherwise directed.

Card Holder Signature: _____ Date __/__/____

Terms and Conditions

Application must be completed in full and submitted with a deposit of \$200.00 per court hour. All balances are due on the first day of the season.

Group placement must be confirmed by the program Director. Court placement is at the discretion of management. Refunds are permitted before August 1, 2011. There are NO refunds for any cancellation made after August 1, 2011 unless the spot/time slot is filled.

Waiver and Release

As an applicant, I hereby agree to comply with all program and club regulations and remove Future Stars Tennis LLC, SYS Inc. and the Town of Southampton or its agents from any liability incurred while involved in this program. The use of the facility is strictly at the players risk. Future Stars LLC, SYS Inc. and the Town of Southampton is not responsible for injuries, accidents, or damage to personal property arising from normal athletic activities on the premises including interactions with other persons on the court. All participants and their guests hereby specifically waive any claims for damages arising from their use of the club facilities. In the event of an emergency I grant the club and it's agents to give whatever immediate treatment is necessary and or take myself/my child to a hospital emergency room. Permission is granted to use photos and videos taken at the club for promotional purposes.

Player's Name: _____ Signature: _____