



Discipline • Dedication • Mental Toughness

◆ REGISTRATION FORM - 2008 ◆

Student _____ Age _____ Sex _____ DOB _____

Parents/Guardians _____

Billing Address _____ Phone (_____) _____

_____ Cell (_____) _____

Emergency Contact _____ Phone (_____) _____

Email address _____

Each session is 4 weeks long, or 28 days. If you arrive in the middle of a session, you may pay for the remaining days of the session you would like to attend and prepay for the session thereafter. **Please make all payments out to: Sylvano Simone. Advance payment of all services is required.** Rates are as follows:

Part-time Rate

10 Clinics Per Session \$700

Full Day Tuition Packages (Summer Sessions Only)

Half Day Tuition Packages

3 clinics/wk/session \$780
(\$65 per clinic, 12 clinics per session)

3 days/wk/session \$1,440
(\$120 per day, 12 full days per session)

4 clinics/wk/session \$960
(\$60 per clinic, 16 clinics per session)

4 days/wk/session \$1,840
(\$115 per day, 16 full days per session)

5 clinics/wk/session \$1,100
(\$55 per clinic, 20 clinics per session)

5 days/wk/session \$2,200
(\$110 per day, 20 full days per session)

I, _____ agree to the following terms and conditions:

(PRINT NAME)

I will remit tuition payment on or before the first week of each session. I agree to pay tuition for my student according to one of the tuition packages on this form. I understand that all extra clinics attended by my student(s) will be billed to me at the end of each session. I understand that there are no carry-overs of unused clinics and I forfeit any unused clinics. If my student misses a scheduled clinic day, I understand that he/she is allowed a make-up clinic before the session ends. If I am late paying for extra clinics or lessons taken by more than **15 days, I agree to pay a late fee of \$50** in addition to my balance for each period of 30 days it is late from the due date. **I understand and comply with the terms of no refunds for any advance payment for clinic tuition or lesson tuition.** I understand that a credit will be given to my student under extenuating circumstances according to the academy's discretion.

I hereby authorize the staff of Sylvano Tennis Academy to act for me according to their best judgment in any medical emergency for my child when attending the academy. I also hereby waive and release Sylvano Tennis Academy and those contracted with the academy from any liability, whether it be physical or mental impairment procured during the student's participation in the academy's programs. I acknowledge and understand that "Santa Clara Golf & Tennis Club" (and any other future sites of Sylvano Tennis Academy) are not affiliated with Sylvano Tennis Academy, nor are responsible for the actions and policies of Sylvano Tennis Academy and its affiliates. Sylvano Tennis Academy reserves the right to refuse service to anyone. This waiver will apply to all future participation in Sylvano Tennis Academy and its programs.

With my signature, I verify that I have read, understood, and agree to the aforementioned terms and conditions

Parent/Guardian Signature _____ Date _____

