

CHANCELLORS JUNIOR TENNIS ACADEMY PROGRAMS
KING DADDY SPORTS TENNIS ACADEMY - FALL 2018 REGISTRATION FORM

Player Name _____ Date of Birth ____/____/____

Address _____

Parent(s) Name _____

Parent Primary Contact Phone # _____

Parent Primary Contact Email _____

What school does player attend? _____

Circle Session Player will begin JTA program: **Session I** **Session II** **Session III** **Session IV**

DEVELOPMENTAL PROGRAMS: ____ **10 & Under "Red & Orange"** (ages 4-10) ____ **Saturday Camp** (ages 5+)

Check # of Day(s) Player Will Attend:

____ **1 Day a Week** ____ **2 Days a Week** ____ **3 Days a Week**

Circle Class Day(s) Player Will Attend: **Tuesday** **Thursday** **Friday**

<p><i>We have limited space for each class. Please DO NOT drop in on another day without permission from the desk staff as our class may already be full.</i></p>

TOURNAMENT TRAINING PROGRAMS: ____ **Challenger** ____ **Supers/Champs High Performance**

Check # of Day(s) Player Will Attend:

____ **1 Day a Week** ____ **2 Days a Week** ____ **3 Days a Week** ____ **Unlimited Days (Supers & Champs Only)**

Circle Class Day(s) Player Will Attend According To Available Class Options:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Junior Tennis Academy (JTA) Payment Instructions:

- All students **must have a credit card on file** with CFC. Please complete CFC Credit Card Authorization Form.
- Fees are charged each session on the 1st class day of the overall session. If your fees are not paid before this date, your card will automatically be charged.
- When enrolling, players are expected to attend ongoing sessions. *If you need to change the number of days attending or discontinue the program, it is important to provide a written email notification to annah@chancellors.net no later than one week prior to the start of the next session otherwise your credit card will be charged.*

Refund/Make-Up Policy:

- There are **NO** refunds or make ups for missed classes. Prices are set to factor in some missed class dates. There are no credits extended or carried over to the next session.
- Refunds will only be issued due to administrative error or at management's discretion, it can take up to 7 days to be processed and will be in the same form as original payment method or an account credit may be issued on the member's account for future programs, activities or dues. Refunds will first be applied to any outstanding balance, including membership dues, when applicable.



Family Center

a 501(c)3 Non-Profit Organization

CREDIT CARD AUTHORIZATION JR. TENNIS ACADEMY (JTA) NON-MEMBER

I authorize CHANCELLORS FAMILY CENTER (CFC) to initiate charges to my CREDIT CARD for payment of Junior Tennis Academy (JTA) and other authorized charges. Thereafter, my credit card will be charged on the first class day of each JTA session for all fees due. I understand that participant(s) below will automatically be enrolled in each subsequent JTA session following initial enrollment until such time as I give CFC one week advance written notification prior to first class day of JTA session to discontinue such charges or make changes to current enrollment. Furthermore, I authorize CFC to charge my credit card at any time if any activity takes place which includes but not limited to private tennis lessons, group tennis lessons, personal training, Junior Tennis Academy (JTA), Junior Team Tennis (JTT), tournaments, pro shop sales, fundraiser event/activity, and snack sales.

I authorize and request my credit card company to accept all such charges initiated by Chancellors Family Center and to charge my account accordingly.

I understand that I have the rights set forth below with respect to all charges initiated by Chancellors Family Center pursuant to this agreement.

1. I MAY, BY WRITTEN NOTIFICATION TO CHANCELLORS FAMILY CENTER, STOP THE INITIATION OF JTA CHARGES PURSANT TO THIS AGREEMENT AFTER CHANCELLORS FAMILY CENTER HAS HAD ONE WEEK PRIOR TO FIRST CLASS DAY OF JTA SESSION TO ACT UPON SUCH NOTIFICATION.

Participant(s) Name: _____ Guest Account #: _____

Credit Card #: _____ Name on Credit Card: _____ Exp. Date: _____

Card Type (circle one): Visa MasterCard Discover AMEX

Billing Address: _____ City _____ State _____ Zip _____

Phone #: _____ E-Mail Address: _____

Card Holder's Signature: _____ Date: _____