

# John Wunder Tennis Academy

## 2010-11 Fall Session ADULT Registration



### 2011 Fall Class Schedule

► Full Session: 13 Weeks (Sept 6 – Dec 5)\*

2.5 Level	M	T	W	Th	F	S	Su
1.5 Hours				9a			10:30a 12:00p
3.0 Level	M	T	W	Th	F	S	Su
1.5 Hours	9a		9a 12:30p	6:30p	9a		
2 Hours		9a		10:30a			
3.5 Level	M	T	W	Th	F	S	Su
1.5 Hours	6p	6:30p	5p	9a		8a 12:30p	
2 Hours		9a		10:30a			
4.0 Level	M	T	W	Th	F	S	Su
1.5 hours	6p		9:00 a 10:30a	7p		9:30a	
2 Hours				10:30a		8a	
4.5 Level	M	T	W	Th	F	S	Su
1.5 hours	7:30p	12:00	9:00a			11a	

- End dates vary based upon class day. See the Fall Session Schedule Date below:

### 2011 Fall Session Schedule Dates

Day of Week	Start Date	End Date
Tuesday	9/6/2011	11/29/2011
Wednesday	9/7/2011	11/30/2011
Thursday	9/8/2011	12/8/2011
Friday	9/9/2011	12/2/2011
Saturday	9/10/2011	12/3/2011
Sunday	9/11/2011	12/4/2011
Monday	9/12/2011	12/5/2011

Please PRINT the following information so we can register you, or update to current information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fall Session is filling up...enroll as soon as possible!

Please indicate your

First choice: Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Second choice Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Fall Class Rates:

	13 Wks
1.5 Hours	\$420
2 Hours	\$555

### Method of Payment

Cash	Check	Visa	M/C
Amount Due:		Balance Due:	
Deposit Amount:		Balance Due:	
Credit Card Acct Number:			
Credit Card Expiration Date:			
Credit Card Validation Code: (3 digits) _ _ _			
Credit Card Signature:			

Please pay in person or remit payment to: **H.T.S.C., 1217 Spencer Road, Ivyland, PA 18974**

### Release Statement

The undersigned, I the Participant, agree that I will abide by the published Membership/Program Terms and Conditions of HOPEWELL TENNIS & SWIM CENTER ("HTSC") and we hereby release and hold harmless HTSC, its affiliates, owners, officers, employees and instructors from and against any claim by or on behalf of Participant arising out of Participant's involvement in any activities at HTSC. I hereby represent that Participant is presently healthy, in sound general physical condition and otherwise competent to participate in activities at HTSC. In the event that Participant becomes unable, for any reason, to make such decisions, I hereby authorize and consent for Participant to be transported from HTSC for such emergency medical treatment as may be determined to be in Participant's best interests by the appropriate medical personnel, and I hereby release and hold harmless HTSC in connection therewith. I hereby give permission for HTSC to use a photo image of Participant for promotional purposes.

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_

SIGNATURE REQUIRED TO  
VALIDATE REGISTRATION