

John Wunder Tennis Academy

2011 Fall Session JUNIOR Registration



2011 Fall Class Schedule

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

Tots	M	T	W	Th	F	S	Su
½ Hour						12p	
3/4 Hour		4:00 p	3:45p				
Beginner	M	T	W	Th	F	S	Su
1 hour	4p	4p 5p	4p 5p	4p 6p	4p	10a 11a	11a 12p
Adv Beg	M	T	W	Th	F	S	Su
1 hour	4p 5p	4p 5p	4p	4p 5p	4p	10a 11a	11a 12p 1p
Intermed.	M	T	W	Th	F	S	Su
1.5 hours	5p	4p 5p	4:30p	3:30p 5p	5p	9:30a 12:30p	2p
Advanced	M	T	W	Th	F	S	Su
2 hours		4p		5p	5p	2p	12p
Tourn. Training	M	T	W	Th	F	S	Su
2 hours			5p			12p 2p	

- 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: _____

Date of Birth: _____

Gender: (circle one) **MALE** **FEMALE**

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 Session Rates

	13 Wks
½ Hour	\$145
¾ Hour	\$215
1 Hour	\$285
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, the parent/guardian of the Participant, a minor, agree that I and the Participant 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 and Participant 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.

Parent/Guardian's Signature _____

Date _____

**SIGNATURE REQUIRED TO
VALIDATE REGISTRATION**