

John Wunder Tennis Academy

2011-12 Winter Session ADULT Registration



2011-12 Winter Class Schedule

► Full Session: 13 Weeks (Dec 6 – Mar 12)*

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

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: _____

Winter Session is our busiest session so enroll as soon as possible!

Please indicate your

First choice: Level: _____ Day: _____ Time: _____

Second choice Level: _____ Day: _____ Time: _____

Winter Class Rates:

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

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

2011-12 Winter Session Schedule Dates

Day of Week	Start Date	End Date
Tuesday	12/6/2011	3/6/2012
Wednesday	12/7/2011	3/7/2012
Thursday	12/15/2011	3/15/2012
Friday	12/9/2011	3/9/2012
Saturday	12/10/2011	3/17/2012
Sunday	12/11/2011	3/18/2012
Monday	12/12/2011	3/12/2012

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**