

John Wunder Tennis Academy

2011-12 Winter Session JUNIOR Registration



2011-12 Winter Class Schedule

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

Tots	M	T	W	Th	F	S	Su
½ Hour						12p	
¾ Hour		4:00 p	3:45p				
Beginner	M	T	W	Th	F	S	Su
1 hour	4p	4p 5p	4p	4p 6p	4p	10a 11a	11a
Adv Beg	M	T	W	Th	F	S	Su
1 hour	4p 5p	4p 5p	4p 5p	5p	4p	10a 11a	11a
Intermed.	M	T	W	Th	F	S	Su
1.5 hours	5p	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 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

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: _____

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: _____

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**