



*Family, Health, Tennis & Swim  
16400 Sir William Drive  
Spring, Texas 77379*

## **JUNIOR PROGRAM ENROLLMENT APPLICATION**

Family Name \_\_\_\_\_

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Father's work \_\_\_\_\_

Father's cell \_\_\_\_\_

Mother's work \_\_\_\_\_

Mother's cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Student's Cell # \_\_\_\_\_ (We will text for Academy/ZAT Program tournament warm ups)

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_

Allergies and/or Medications \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_

Allergies and/or Medications \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_

Allergies and/or Medications \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Program \_\_\_\_\_

Allergies and/or Medications \_\_\_\_\_

## AUTOMATED CHARGE DEBIT/DRAFT DRAW AUTHORIZATION

I realize all program fees and program guest fees incurred by my family will be automatically drafted from my checking/charge account. I also realize that I may cancel my child's program by giving written notice at least ten (10) days before the next month Program start date. I have given authorization to the institution/card listed below to honor preauthorized check/charge transaction drawn by Giammalva Racquet Club. I realize that my bank/account statement will constitute receipt for payment. I also realize that if pre-authorized check/charge draw is not honored by said institutions, I am responsible for total payment by other means of transaction. As a convenience to me, I hereby request and authorize you to pay and charge my check/charge draw on my transaction. As a convenience to me, I hereby request and authorize you to pay and charge my check/charge draw on my account by and payable to the order of Giammalva Racquet Club provided there are sufficient funds/credit in said account to pay same on presentation. I agree that your rights in respect to each debit shall be the same as if it were a check/charge drawn on you and signed personally by me. This authority is to remain in effect until revoked by me with a ten-day written notice and until you receive such notice. I agree that you should be fully protected in honoring such check/charge.

Full Name Institution \_\_\_\_\_ / CREDIT CARD ON FILE

Routing No/ Exp. Date \_\_\_\_\_ Account # \_\_\_\_\_

X \_\_\_\_\_  
Parent Signature

## PREPAID

I will prepay the semester fee each season. Prepaid semester fees will not be refunded if my child does not attend classes unless student has an extended medical condition or some other extenuating circumstance and agreed upon by Program Director.

## TERMS AND CONDITIONS

- Resignation Agreement:** It is agreed that Applicant may resign from the program by giving ten (10) day written notice before next month program start day in writing to the club. The effective date of the resignation will be the date the club receives Applicants written notice. All accrued program fees and other charges for which Applicant is liable are due upon the effective date of resignation.
- Makeup Agreement:** Classes missed due to student illness, vacation and/or other personal reasons will not be made up. If a student has an extended medical condition or emergency, please contact the Pro in charge of the program so that special arrangements can be made.
- Payment Agreement:** Applicant Agrees to pay the account when due. Applicant agrees that the Club may asses a late charge of \$25.00 for past due accounts.
- Disclaimer and Hold Harmless Agreement:** I accept full responsibility for my use, heirs and assigns use apparatus, appliances, faculty privilege or service whatsoever, owned and operated by the club, at my own risk, and shall hold this Club, its shareholders, directors, officers, employees, representatives, and agents harmless for any and all negligence, loss, claim, injury, damage, or liability sustained or incurred by me resulting there from.
- Photo release:** I give my permission to Giammalva Racquet Club to photograph/video and/or use a photograph of me, my family and children in publications, news releases, or Giammalva Racquet Club webpage, club newspapers, brochures, etc.  
\_\_\_\_\_ **yes** \_\_\_\_\_ **no**
- Medical Authorization Agreement:** I authorize Giammalva RC Staff to seek any needed medical attention by a licensed physician/facility as be necessary for the safety and well-being of my child or children.

Parent's Signature \_\_\_\_\_ Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Club Staff Name \_\_\_\_\_ Club Staff Signature \_\_\_\_\_