



## Summer Membership\*

May 26<sup>th</sup> – September 1<sup>st</sup>, 2014

<b>Junior (Age 3-18)</b>	<b>\$50.00</b>
<b>Individual (Age 19+)</b>	<b>\$130.00</b>
<b>Family (Parents &amp; children under 19)</b>	<b>\$175.00</b>

### HOURLY RESERVED COURT RATES

<b>Outdoor Courts</b>	<b>Member</b>	<b>Non-Member</b>
<b>Weekday</b>	<b>\$20.00</b>	<b>\$35.00</b>
<b>Weekend</b>	<b>\$20.00</b>	<b>\$50.00</b>
<b>Indoor Courts</b>	<b>Member</b>	<b>Non-Member</b>
<b>Weekday/Weekend</b>	<b>\$30.00</b>	<b>\$50.00</b>

\*Members enjoy complimentary use of indoor and outdoor courts with same day reservation privileges.

*Grand Slam Tennis – Great Tennis, Great Teaching!*





**Grand Slam Health & Tennis Clubs, Inc Program Registration Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name (if a minor) \_\_\_\_\_ Email \_\_\_\_\_

Other Family Members: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Select Category**

**Summer Membership**

\_\_\_ Junior (Age 3-18)

\_\_\_ Individual (Age 19+)

\_\_\_ Family (Parents and children under 19)

**Tuition Payment**

Check: \_\_\_ Cash: \_\_\_ Credit Card: \_\_\_ Card: \_\_\_ Amex \_\_\_ Visa \_\_\_ MasterCard

Card # \_\_\_\_\_ Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Amount: \_\_\_ Expiration Date: \_\_\_ Security # \_\_\_ Cardholder Signature: \_\_\_\_\_

**Parent/Guardian Waiver**

I, as the participant and or legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by any reason or in any connection with my or his/her participation in any club program or activity; and I hereby release and discharge Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., and any other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or or injury is caused by or results from negligence or willful misconduct Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc. and any other described parties. Waiver: I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_