



## GRAND SLAM TENNIS CLUB 2024-25 Season Court Program

**Tight schedule? Want to guarantee your game goes on every week?  
Then making a standing weekly court reservation is your best play!**

Day	Time	Season Fee (per Hour)	Hourly Fee
Monday	7am - NOON	\$2,560	\$85
through	NOON - 3:30pm	\$2,400	\$80
Friday	6pm - CLOSE	\$2,795	\$95
Sat/Sunday >	ALL DAY	\$2,795	\$95

### Season Court Information

**Dates:** Monday, Sept. 9, 2024 – Sunday, April 27, 2025  
excluding Holiday Break 12/24/24-1/1/25

**Captain:** Designated Captain is responsible for payment of all court fees

**Registration:** All players must appear on court roster

**Holiday Closures:** Thanksgiving Day (11/28), Christmas Eve Day (12/24),  
Christmas Day (12/25), New Year's Day (1/1/25)

For more information contact:

Jana at [jhoeft@grandslamtennisclub.com](mailto:jhoeft@grandslamtennisclub.com) or call 914-234-9206

***GRAND SLAM - GREAT TENNIS, GREAT TEACHING!***





## Grand Slam Health & Tennis Clubs, Inc. Program Registration Form

Participant's Name: \_\_\_\_\_ (Captain)

Email \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Season Court Reservation: Day \_\_\_\_\_ Time Period \_\_\_\_\_ Clay \_\_\_\_\_ Hard \_\_\_\_\_

Player 1 \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ M: \_\_\_\_\_ Email: \_\_\_\_\_

Player 2 \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ M: \_\_\_\_\_ Email: \_\_\_\_\_

Player 3 \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ M: \_\_\_\_\_ Email: \_\_\_\_\_

Player 4 \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ M: \_\_\_\_\_ Email: \_\_\_\_\_

Player 5 \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ M: \_\_\_\_\_ Email: \_\_\_\_\_

Player 6 \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone H: \_\_\_\_\_ M: \_\_\_\_\_ Email: \_\_\_\_\_

Please enroll our season court in the Season Court Tennis Ball Program \_\_\_\_\_

### Tuition Payment

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_ AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

Card # \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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: \_\_\_\_\_ Date \_\_\_\_\_