



Programs & Prices

Instructions: Fill out this form and bring it to the Bill Clark Tennis Academy administrative office located at the Cooper City Tennis Center.

1-a-Day Academy Program

Training	Evening
Fitness	4:30 – 6:30
Tennis Training	6:30 – 7:00

N° of Sessions	Days Per Week	Monthly Fee
<input type="checkbox"/> 20	5	950
<input type="checkbox"/> 16	4	750
<input type="checkbox"/> 12	3	600
<input type="checkbox"/> 8	2	400

Sessions missed due to weather, injury or illness will be applied to the next month. Month must be paid in advance. The drop-in daily rate is \$60.

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2-a-Day Program (Option 1)

Training	Hours
<input type="checkbox"/> Tennis	1:30 PM – 3:15 PM
<input type="checkbox"/> Fitness	3:15 PM – 4:00 PM
<input type="checkbox"/> Tennis	4:30 PM – 5:30 PM

2-a-Day Program (Option 2)

Training	Hours
<input type="checkbox"/> Tennis	2:30 PM – 4:00 PM
<input type="checkbox"/> Fitness	4:00 PM – 4:30 PM
<input type="checkbox"/> Tennis	4:30 PM – 6:30 PM

N° of Sessions	Days Per Week (T, W, TH)	Monthly Fee
<input type="checkbox"/> 12	3	1200
<input type="checkbox"/> 8	2	850
<input type="checkbox"/> 4	1	440

Sessions missed due to weather, injury or illness will be applied to the next month. Month must be paid in advance. Drop-in daily rate is \$110.

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2-a-Day Program (Option 3)

Training	Hours
<input type="checkbox"/> Tennis	3:30 PM – 4:00 PM
<input type="checkbox"/> Fitness	4:00 PM – 4:30 PM
<input type="checkbox"/> Tennis	4:30 PM – 6:30 PM

N° of Sessions	Days Per Week (T, W, TH)	Monthly Fee
<input type="checkbox"/> 12	3	820
<input type="checkbox"/> 8	2	550
<input type="checkbox"/> 4	1	280

Combine 2-a-Day Program with 1-a-Day

Training	Hours
<input type="checkbox"/> Fitness	4:00 PM – 4:30 PM
<input type="checkbox"/> Tennis	4:30 PM – 6:30 PM

N° of Sessions	Days Per Week (T, W, TH)	Monthly Fee
<input type="checkbox"/> 8	2	300
<input type="checkbox"/> 4	1	150

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Beginners Level Tennis

N° of Sessions	Days Per Week	Monthly Fee	Daily	Scheduled Time (Choose One Session)
<input type="checkbox"/> 4	Tuesday	60	15	3:30 PM – 4:30 PM
<input type="checkbox"/> 4	Tuesday	60	15	4:30 PM – 5:30 PM
<input type="checkbox"/> 4	Wednesday	60	15	3:30 PM – 4:30 PM
<input type="checkbox"/> 4	Wednesday	60	15	4:30 PM – 5:30 PM

Intermediate Level Tennis

N° of Sessions	Days Per Week	Monthly Fee	Daily	Scheduled Time (Choose One Session)
<input type="checkbox"/> 4	Tuesday	60	15	3:30 PM – 4:30 PM
<input type="checkbox"/> 4	Tuesday	60	15	4:30 PM – 5:30 PM
<input type="checkbox"/> 4	Wednesday	60	15	3:30 PM – 4:30 PM
<input type="checkbox"/> 4	Wednesday	60	15	4:30 PM – 5:30 PM

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Pre-Tournament Academy (Tryout Required)

N° of Sessions	Days Per Week	Monthly Fee	Scheduled Time (Choose One Session)
<input type="checkbox"/> 8	Monday, Thursday	240	4:00 PM – 5:30 PM

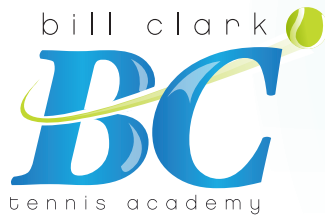
Tennis Camp

Season	N° of Sessions	Days Per Week	Monthly Fee	Daily Fee	Scheduled Time (Choose One Session)
Summer Camp	<input type="checkbox"/> 5	Monday-Friday	\$325 (includes lunch)	\$70	9:00 AM – 1:00 PM
Winter Camp	<input type="checkbox"/> 5	Monday-Friday	\$325 (includes lunch)	\$70	9:00 AM – 1:00 PM
Spring Camp	<input type="checkbox"/> 5	Monday-Friday	\$325 (includes lunch)	\$70	9:00 AM – 1:00 PM
Afternoon Session	<input type="checkbox"/> 3	Monday, Tuesday, Wednesday and Thursday	\$150 (includes fitness trainer)	\$70	1:00 PM – 4:00 PM

Drop-In Classes

Drop-in classes are available by reservation only.

Type of Session	Days Per Week	Monthly Fee	Scheduled Time (Choose One Session)
<input type="checkbox"/> 1-A-Day	Monday-Friday	\$60	4:30 PM – 7:00 PM
<input type="checkbox"/> 2-A-Day	Tuesday, Wednesday or Thursday	\$110	2:30 PM – 6:30 PM



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Private Lesson

Coach	1-Hour Session Rate	½-Hour Session Rate
Bill Clark	100	150
Nik Rybakov	80	40
Steve Weinstein	70	35
Keith Axelrod	70	35
Jordie Dolberg	60	30
Clint Ekelund	60	30
Idris Smith	60	30

FAMILIES WITH 2 CHILDREN RECEIVE A 10% DISCOUNT ON ALL PROGRAMS FOR 2ND CHILD.

Registration

Personal Information

Full Name

Date of Birth

Social Security Number

 - -

Gender

F M

Email

Mobile Phone

Phone

Address

City

ZIP

State

Country

School

Grade

Tennis Information

Academy

Club

Days Played

Level

Years Played

Age Played

Played USTA

Registration

Parents Information 1

Full Name

Mobile Phone

Business Phone

Email

Business Address

City

ZIP

State

Country

Parents Information 2

Full Name

Mobile Phone

Business Phone

Email

Business Address

City

ZIP

State

Country

Emergency Contact

Full Name

Mobile Phone

Business Phone

Email

Relationship

Registration

Athlete's Medical Profile

Full Name

Height

Date of Birth

Weight

Gender

Blood Type

Athlete's Health History

Has the athlete had any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Pneumonia |

Allergies

- | | |
|--|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Food Allergies (list below) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other (list below) |
| <input type="checkbox"/> Eczema | |
| <input type="checkbox"/> Insect Stings | |

Medical Allergies

- | |
|---|
| <input type="checkbox"/> Sulpha |
| <input type="checkbox"/> Penisilin |
| <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Other (list below) |

Registration

Athlete's Health History

Is the player taking medication during training?

yes no

If yes, please name of drug and dosage:

Is there any medical condition or history which required special attention?

yes no

If yes, please explain:

Medical Contact

Name of Primary Care Physician

Phone Number

Address

City

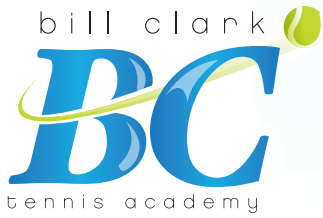
State

ZIP

Facility / Clinic

Facility Phone

Other Contact Info



Registration

Insurance Information

Insurance Provider

Insurance Policy Number

Policy Holder Name

Insurance Phone

Date

Last modified

IP Address

Promotional Material:

I authorize the Academy and affiliates to use my child's (or my) photograph or video for promotional and/or commercial purposes, including, but not limited to, brochures, newsletters, promotional materials, websites, and television media. I release the Academy and affiliates, from any liability from such use.

Code of Conduct and Termination Rights:

In the event that a player refuses to follow directions or exhibits aggressive or unsafe behavior, we will notify the parent(s) / guardian(s) and request that the player be picked up immediately. Refunds are not available if the player is picked up early due to such behavior. The Academy reserves the right to request the withdrawal of any athlete at any time, if the athlete has violated the policies and procedures of the Academy, or if the withdrawal of the athlete is in the best interest of the Academy's program and its other participants.

General Waiver of Liability:

With regard to my child and myself:

1. I hereby assume all risks and responsibilities of possible damage or injury involved through participation in the academy. I understand that I am to furnish my own insurance.

2. I agree to indemnify and hold harmless the Academy, its employees, officers and agents from all actions, claims and demands by reason of any loss or injury which may be sustained by me during all training, tournaments, events and related activities. I hereby assume all risk of any such loss or injury. I have read and understand the above policies and information.

Medical Waiver:

In the event of any, illness or other medical circumstance incurred while my child (or myself) is attending the Academy, Camp or any other activity (either on or off the premises of), I hereby give permission to any responsible person employed by the Academy, to take my child (or myself) to an appropriate treatment facility for any necessary treatment. I agree to hold the above people of authority harmless from any action in this respect. I hereby authorize The Academy to release my child's (or my) medical form to appropriate personal. I hereby release, hold harmless, and forever discharge The Academy, its employees, officers and agents from all actions, claims and demands by reason of any loss or injury which may be sustained by me or my child during all training, tournaments, events and related activities. I hereby assume all risk of any such loss or injury.

Sign Authorization _____

Payment Info

Billing Information

Full Name

Billing Address

City

ZIP

State/Province/Region

Country

Phone

Credit Card Information

Name on the card

Credit Card Number

Credit Card Type

Expiration Date

Security Code

() I have read and agree Terms
and Conditions of Tennis Nook

Is this your Shipping Address?

Yes

No

Full Name

Billing Address

City

ZIP

State/Province/Region

Country

Phone

Credit Card Information

Name on the card

Credit Card Number

Credit Card Type

Expiration Date

Security Code

() I have read and agree Terms
and Conditions of Bill Clark Tennis Academy

() Make this my default credit card