



Instructional Programs

Winter 2021/22



First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Level: Beginner Intermediate Advanced *or* USTA Rating: _____

SEASONAL LESSONS			
Location	Lesson Time	Preferred Day/Time	Requested Pro
<input type="checkbox"/> Armonk Tennis Club	<input type="checkbox"/> 1 Hour	1st Choice: _____	_____
<input type="checkbox"/> Armonk Indoor	<input type="checkbox"/> 1½ Hours	2nd Choice: _____	_____
Playing Partners (optional)			

1-HOUR DIRECTOR RATES (PER PLAYER)			
Players	Cost	Deposit	2 Payments
One	\$4080	\$300	\$1890
Two	\$2300	\$300	\$1000
Three	\$1700	\$300	\$700
Four	\$1400	\$300	\$550

1-HOUR STAFF PRO RATES (PER PLAYER)			
Players	Cost	Deposit	2 Payments
One	\$3700	\$300	\$1700
Two	\$2120	\$300	\$910
Three	\$1580	\$300	\$640
Four	\$1300	\$300	\$500

1½-HOUR DIRECTOR RATES (PER PLAYER)			
Players	Cost	Deposit	2 Payments
One	\$6120	\$450	\$2835
Two	\$3450	\$450	\$1500
Three	\$2550	\$450	\$1050
Four	\$2100	\$450	\$825

1½-HOUR STAFF PRO RATES (PER PLAYER)			
Players	Cost	Deposit	2 Payments
One	\$5550	\$450	\$2550
Two	\$3180	\$450	\$1365
Three	\$2370	\$450	\$960
Four	\$1950	\$450	\$750

PAYMENT: A deposit of \$300 per program hour is required to secure placement. The remaining balance will be charged in equal installments on 10/1/21 and 1/1/22. Cancellations are non-refundable. See registration agreement for complete details.

Charge the deposit and/or subsequent fees to my credit card: MasterCard Visa American Express

Name: _____ Card #: _____ Exp. Date: ____/____/____ Sec. Code: _____

Enclosed is a check for the deposit (payable to **Armonk Tennis Club** or **Armonk Indoor Sports Center**)



Instructional Programs Registration Agreement



RELEASES AND WAIVERS

In consideration of participating in this Armonk Tennis/Armonk Indoor program, I represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Armonk Tennis Associates LLC, SRS Armonk Associates LLC, North Castle Sports Associates LLC, Town of North Castle, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any incur as the result of such claim.

As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC and North Castle Sports Associates LLC (hereafter referred to as the "Clubs"), I am aware that the Clubs do not provide medical insurance in such programs. In the event of an emergency, I hereby grant the Clubs permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room.

COVID-19 INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to COVID-19:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. Medical conditions associated with a higher risk for severe illness from COVID-19 include:

- Chronic lung disease or moderate to severe asthma
- Diabetes
- Serious heart conditions
- Chronic kidney disease undergoing dialysis
- Weakened immune system
- Liver disease
- Severe obesity (body mass index of 40 or higher)

Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

People living in households with individuals who are 65 years and older or have higher risk for severe illness from COVID-19 are recommended to stay home.

PARENTAL CONSENT (if applicable)

I, the minor's parent and/or legal guardian, understand the nature of the above referenced Activity and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

(continued on next page)



Instructional Programs Registration Agreement



PAYMENT PLAN/INSTALLMENT NOTE AUTHORIZATION

For value received, I promise to pay to the order of Armonk Tennis Associates, LLC DBA Armonk Tennis Club or North Castle Sports Associates, LLC DBA Armonk Indoor Sports Center, or its assigns, the total amount due less the paid deposit in equal installments on October 1, 2021 and January 1, 2022.

I understand that my failure to regularly attend and utilize the program does not relieve me of my obligation, regardless of the circumstances, to pay the installment note in full. I understand that, except as herein provided, my program fee is noncancelable. Should I default, I agree to pay all costs of collection, including but not limited to, collection agency fees, court costs, and reasonable attorney's fees, all of which may be paid or incurred by the holder of this note. A \$15.00 service charge will be assessed for all rejected checks, credit card, and EFT transfers, subject to appropriate state and federal laws. Should default be made in any monthly installment, the entire remaining sum due hereunder shall immediately be due and payable at the option of the owner of this note and shall bear interest at the rate of 10% per annum from the date of default. If any installment is more than ten days past due, a late charge of \$10.00 may be assessed on each delinquent installment. The holder may extend or postpone payment without notice and without discharging the undersigned.

I may prepay the entire amount I still owe at any time. If I choose to prepay for the program, I will not be issued a refund for any reason other than death, disability, or a letter from a physician stating that I am not physically able to participate in this program for more than 45 days.

As a convenience to me, I authorize my credit card company to make a payment to Armonk Tennis Club or Armonk Indoor Sports Center, as noted above according to the terms of the installment note. I agree that treatment of such payment shall be the same as if it were personally signed by me. I understand that cancellation of EFT authorization in no way relieves me of my obligation to fulfill all contractual obligations.

MEDIA DISCLAIMER

Permission is hereby granted to utilize photographs and video taken at Armonk Tennis/Armonk Indoor as promotional materials.

I HAVE READ THIS REGISTRATION AGREEMENT CONSISTING OF RELEASES AND WAIVERS, COVID-19 INFORMED CONSENT, PARENTAL CONSENT, PAYMENT PLAN/INSTALLMENT NOTE AUTHORIZATION, AND MEDIA DISCLAIMER, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature: _____

Printed Name: _____ Date: _____