



INDOOR JUNIOR DEVELOPMENT REGISTRATION FORM 2017 - SESSION 1

First Name: _____ Last name: _____
 Gender: _____ Birthday: _____ Grade in Fall 2017: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell: _____
 Email 1: _____ Email 2: _____
 Parent 1 Name: _____ Cell #: _____
 Parent 2 Name: _____ Cell #: _____

18 Weeks - Session 1, Beginning September 16th 2017

CLUB RED PROGRAM	CLUB RED PROGRAM
<ul style="list-style-type: none"> ■ Club Red I (Ages 4-5) 1 hour, once a week \$500 ■ Club Red II (Ages 4-5) 1 hour, once a week \$500 	<p>Group I: Weekdays: M 3:30-4:30 W 4:30-5:30 Weekends: Su 2:00-3:00</p> <p>Group II: Weekdays: M/T/TH 4:30-5:30 W 3:30-4:30</p>
CLUB ORANGE PROGRAM	CLUB ORANGE PROGRAM
<ul style="list-style-type: none"> ■ Club Orange (Ages 8-9) 1 hour, once a week \$500 	<p>Weekdays: M-TH 4:30-5:30 Weekends: Sa 3:00-4:00, 4:00-6:00 Su 2:00-3:00</p>
CLUB GREEN PROGRAM	CLUB GREEN PROGRAM
<ul style="list-style-type: none"> ■ Club Green (Ages 10-11) 1 hour, once a week \$500 	<p>Weekdays: M-W 4:30-5:30 T/TH 3:30-4:30 Weekends: Sa 3:00-4:00, 4:00-6:00 Su 3:00-4:00</p>
EXCEL PROGRAM	EXCEL PROGRAM
<ul style="list-style-type: none"> ■ Excel (Ages 12+) 1.5 hours, once a week \$840 	<p>Weekdays: T/TH 5:30-7:00 Weekends: Sa 4:00-6:00 Su 2:00-4:00</p>
TENNIS TEAM PROGRAM	TENNIS TEAM PROGRAM
<ul style="list-style-type: none"> ■ Tennis Team (Ages 12+) 1.5 hour, twice a week \$1500 	<p>Weekdays: T/TH 5:30-7:00 Weekends: Sa 4:00-6:00 Su 2:00-4:00</p>

No Class: 9/21-9/22, 10/9, 11/10, 11/23-11/26, 12/23-12/29, 12/30-1/1, 1/15

Weekday Make Up Days: 10/27, 11/17, 12/15, 1/12 (4:30-5:30)

make up classes are for weekday classes only, there will be no make ups for weekend classes



A \$200 Deposit per court hour is required with the application to secure placement.

Cash Amount:_____ Check #:_____ Amount:_____ Please make checks payable to Future Stars Southampton

Credit Card Information: MC VISA AMEX

Credit Card Number: _____ Exp. Date: __ / __ / ____ Security Code: _____

I authorize Future Stars Southampton LLC, to charge all outstanding balances

Card Holder Signature:_____ Date __ / __ / ____

All registration materials and payments should be sent to: Future Stars Southampton, PO Box 1576,
Southampton, NY 11969 Phone: (631) 287.6707 Fax: (631) 287.8633 E-mail: info@futurestarssouthampton.com
www.futurestarssouthampton.com

Waiver and Release

As a player/participant, I hereby agree to comply with all program and club regulations and remove Future Stars Southampton LLC, SYS Inc. and the Town of Southampton or its agents from any liability incurred while involved in this program. The use of the facility is strictly at the players risk. Future Stars LLC, SYS Inc. and the Town of Southampton are not responsible for injuries, accidents, or damage to personal property arising from normal athletic activities on the premises including interactions with other persons on the court. All participants and their guests hereby specifically waive any claims for damages arising from their use of the club facilities. In the event of an emergency I grant the club and it's agents to give whatever immediate treatment is necessary and or take myself/my child to a hospital emergency room. Permission is granted to use photos and videos taken at the club for promotional purposes. Signature:_____