

Last Name



i ii st ivairie.		Last Name			
Gender	Birthday		Grade in Fall 2016		
Address:		City:	St	ate:Zip:	
	Work #:				
			Work Ph:		
ather's Name: Cell Ph:					
			··		
	Session 1, Beginn uspended Nov. 24 -2	ning Sept. 15th, 2016 27 / Dec. 24 – Jan 1		Class Schedule	
	CLUB RED PROG	RAM	М	3:30 – 4:30	
□ Club Red I	(Ages 4 – 5)	*1 hour, once a week, \$400	W SUNDAY	4:30 - 5:30 2:00 - 3:00	
□ Club Red II	(Ages 5 – 6)		M - T – TH	4:30 - 5:30	
		*1 hour, once a week, \$400	W	3:30 – 4:30	
	CLUB ORANGE PR	OGRAM	M - T - W - TH	4:30 – 5:30	
□ Club Orange	(Ages 8 – 9)	*1 hour, once a week, \$400	SATURDAY SUNDAY	3:00 - 4:00 / 4:00 - 6:00 2:00 - 3:00	
	CLUB GREEN PRO		M - T - W	4:30 – 5:30	
□ Club Green	(Ages 10 – 11)		T - TH	3:30 – 4:30	
	,		SATURDAY	3:00 - 4:00 / 4:00 - 6:00	
		*1 hour, once a week, \$400	SUNDAY	3:00 – 4:00	
	EXCEL PROGR	AM	T – TH	5:30 – 7:00	
□ Excel	(Ages 12 & UP)	*4.5.1	SATURDAY	4:00 – 6:00	
		*1.5 hour, once a week, \$600	SUNDAY	2:00 – 4:00	
□ Tennis Team	TENNIS TEAM PRO	JGRAM	T – TH SATURDAY	5:30 – 7:00 4:00 – 6:00	
Tellilis realii	(Ages 12 & UP)	*1.5 hour, twice a week, \$600	SUNDAY	2:00 – 4:00	
A \$200 deposit per co	ourt hour is required v	with the application to secure p	lacement.		
Charge to my credit	card: Maste		American Express	Please bring, mail, email or fax this form with your deposit to	
Name:		Card #:		Future Stars Southampton	
Exp. Date:Sec. Code: Billing Zip Code: Billing Zip Code: Billing Zip Code:				P.O. Box 1576 Southampton NY 11969 P: 631, 287, 6707	
Card Holder Signature:_				F: 631.287.8633	
Enclosed is a check (payable to Future Stars Southampton)				Email:	
Application must be completed in fu	and submitted with a deposit of \$20	Terms and Conditions 10.00 per class/court hour. All balances are o	due on the first day of the sea	ison. Group placement must be confirmed by the program	

1370A Majors Path, Southampton, NY 11968

Player's Name:

First Name

P: 631. 287. 6707

Director. Court placement is at the discretion of management. Refunds are permitted before September 1st 2016. There are NO refunds for any cancellation made after October 1st 2016 unless the spot/time slot is filled.

Waiver and Release
s an applicant, 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 Southampton LLC, SYS Inc. and the Town of Southampton is 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:

F: 631. 287. 8633

Date: