



Summer Outdoor Player Registration Form

Player's Name: _____ Adult Junior Age: _____
 Permanent Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Summer Phone: _____ Cell: _____
 Email: _____ Player Level (please choose from below)
 Beg. 1.0 Adv. Beg. 1.5-2.5 Low Int. 2.5-3.0 Int. 3.0-3.5 Adv. Int. 3.5-4.0 Adv. 4.0-4.5 Open, 5.0 & above

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: _____

Weekly Courts and Lessons may be booked 1 wk in advance. 24-hr cancellation policy for Weekdays, 48-hr cancellation policy for Weekends.

ADULTS 5/24-8/31

8 wks JUNIORS 6/23-8/15

PRIVATES

** buy 10 get 1 FREE*

- 1 hr, Weekdays, \$100
- 1 hr, Weekend, \$110
- 1/2 hr, Weekdays, \$55
- 1/2 hr, Weekends, \$60

SEMI PRIVATES

- 1 hr, Weekdays, \$120
- 1 hr, Weekends, \$130

COURT RENTAL

- 1 hr, Weekdays, \$30
- 1 hr, Weekends, \$40

HOME LESSONS

- 1 hr min, \$150

SEASONAL SUMMER COURTS *15 wks

- Weekdays 1 hr, \$600 1.5 hrs, \$900
- Weekends 1 hr, \$750 1.5 hrs, \$1,125

SEASONAL SUMMER PRIVATES *15 wks

- 1 hr, \$1,925 1.5 hrs, \$2,800

ADULT CLINICS- 1 hr, 8 wks, \$240

- M T W Th F Sat Sun
- Time: _____

ADULT CLINICS- 1.5 hrs, 8 wks, \$360

- M T W Th F Sat Sun
- Time: _____

PEE WEE'S (ages 4-6) 45 min

- 1 x wk \$160** 4 :45pm 5:30pm
- M T W Th

- 2 x wk \$300** 4 :00pm 4:45pm
- M T W Th

JUNIOR CLINICS (ages 6-16)

- 1 x wk \$240** 4 :30pm 5:30pm
- M T W Th

- 2 x wk \$450** 4 :30pm 5:30pm
- M / W T / Th

MATCH PLAY JUNIOR CAMP

- Sat, 2-5pm, \$60 per day
- Sun, 2-5pm, \$60 per day

Cash Amount: _____ Check #: _____ Amount: _____ *Please make checks payable to Future Stars Tennis Club*

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 ____ / ____ / ____