



Junior Tennis Academy program registration form



Child's Name _____

Parents Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Age _____ Date of birth _____ Member _____

Class Selection

Class Name	Session	Day	Time	Cost
1.				
2.				
3.				
		Coupon/gift Certificate		(\$)
		Total Payment		\$

Method of payment

Cash Check # _____ Credit Card (MC, Visa, American express, Discover)

<p align="center">Mail to:</p> <p align="center">DHAC</p> <p align="center">ATTN: Naoufal Houmairy 200 Providence Highway Dedham, MA 02026</p> <p align="center">Checks Made out to:</p> <p align="center">Dedham Health & Athletic Complex</p>	<p align="center">Credit Card Authorization</p> <p>Credit Card #: _____</p> <p>Name on Card: _____</p> <p>Exp. Date: ____/____/____ CID#: _____</p> <p>I authorize Dedham Health & Athletic Complex to use my credit card for the classes stated above.</p> <p>Signature: _____</p>
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Registration by mail must include application, payment and signature. Applications will not be processed without full payment.

Any dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally determined by arbitration in accordance with the rules of the American Arbitration Association, and not by a court action. Member hereby waives any and all right to a jury trial with respect to any dispute, controversy or claim.

Signature: _____ Date: ____/____/____