

JUNIOR DEVELOPMENT PROGRAM ENROLLMENT FORM

Payment Policy:

- **Payment in full with completed enrollment form** will reserve your spot. Class sizes are limited so early registration is encouraged.
- Rates listed are for **4 week** sessions for all groups. Pricing for any 3-week sessions will be adjusted accordingly.
- Players are encouraged to participate twice a week. Players will receive a **reduced rate for the second day** if paid in full for the month.
- Sibling discounts apply – 10% off lowest session fee for each additional sibling.
- Sibling discounts **will be waived if payment is received after the 5th of the month.**
- Early Bird discounts of 5% are only available if credit card information is kept on file with TLC. Fees will **be automatically charged** for the upcoming month on the 28th of each month, **unless notified in writing via email.**
- **There will be a \$10 late fee per player for payments received after the 10th of the month.**
- No discounts apply to any pro-rated sessions.
- Fees are non-refundable once sessions begin. Certain exceptions apply for injuries with appropriate medical documentation.
- We accept cash, checks (made payable to TLC) and credit cards as forms of payment.

Make-Up Policy:

- TLC will schedule make-up classes if class is cancelled due to inclement weather. **Do not assume class is cancelled** – please call ahead to check court conditions. To the best of our ability rain make-up classes will be the following week on Friday at the regularly scheduled time.
- **There are no refunds or scheduled make-ups for classes missed by the student.**
- Make-up classes will be authorized by coach, if space is available.
- Make-ups do not carry over into a future session.

I have read and understand the payment and make-up policy for TLC.

Parent's Signature: _____

Date: _____

Program Enrollment:

Student's Name: _____

Birthday: _____

School: _____

Home phone: _____

Parents' Information:

Father _____

Cell: _____

Email: _____

Mother _____

Cell: _____

Email: _____

Address: _____

City: _____

State & Zip: _____

Program Information:

If you have participated in a TLC tennis program, which program were you in, and when? _____

- Demo rackets are available for first time students trying out the game.

Program: _____ Day(s): _____ Time: _____ Fee: _____ CC on file: _____

Thank you for participating in our program. We hope your child will learn to love the game, as we do! - TLC Coaching Staff

TLC - 9 Clubhouse Drive, Bluffton, SC 29910 – 843.271.6401 – www.tlcrosehill.com

PAYMENT FORM

CC on File - 5% discount

Sibling Discount - 10% off lowest rate paid before 5th of each month

PARENT'S NAME: _____

EMAIL: _____

CELL # _____

CC CARD #: _____

EXPIRATION _____ CV# _____

ZIP: _____

I elect to prepay on 28th each month by cc and get 5% early bird discount

SIGNATURE: _____

I elect to pay in person & understand payment is due before the 5th of the month

SIGNATURE: _____

I elect to pay before the 5th of each month to qualify for the sibling discount

SIGNATURE: _____

OFFICE USE ONLY:

4 WEEKS 3 WEEKS

STUDENT:	GROUP: _____	FEE: _____
STUDENT:	GROUP: _____	FEE: _____
STUDENT:	GROUP: _____	FEE: _____
STUDENT:	GROUP: _____	FEE: _____

TOTAL:

MONTH	AMOUNT	MONTH	AMOUNT
August		January	
September		February	
October		March	
November		April	
December		May	
		June	