

# ELITE



## TENNIS ACADEMY @ BROOKDALE PARK

### 2026 CLINICS

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Start Date: \_\_\_\_\_

# of Weeks: \_\_\_\_\_

Notes: \_\_\_\_\_

**Waiver of Liability:** As consideration for being permitted to participate in activities and use the premises and facilities owned and/or operated by Tiger Tennis and Racquet Club, LLC, Fairfield Racquet Club, LLC, Elite Tennis Academy, Inc. and at Brookdale Park, Montclair, New Jersey (collectively referred to as the "Owners/Operators"), the undersigned Player(s), I forever release the Owners/Operators, any affiliated entity, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities.

I am signing this Agreement freely, voluntarily, and competently and am at least eighteen (18) years of age.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Tennis Ability:

\_\_\_ Beginner \_\_\_ Adv Beg \_\_\_ Inter \_\_\_ Adv Inter \_\_\_ Adv

Program(s):

\_\_\_ Pee-pee \_\_\_ Kids Clinic \_\_\_ Adult Clinic \_\_\_ Privates \_\_\_ Camp

### Payment Method:

Check \_\_\_ Cash \_\_\_ VISA \_\_\_ MasterCard \_\_\_

CC #: \_\_\_\_\_

Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

TOTAL AMOUNT DUE: \$

### CLINIC PRICING:

1 Hour Clinic: 8 sessions - \$280/student

90 Min Clinic: 8 sessions - \$420/student

\*If a clinic has already begun, the pricing will be pro-rated.

### PRIVATE LESSON PRICING:

\$95/HOUR-\$110/HOUR \_\_\_\_\_ # of Sessions \_\_\_\_\_

PRO: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

\*Semi-privates add \$10 to hourly rate.

Notes: \_\_\_\_\_

### Payment Policy – Please Read and Sign

We the parents/player \_\_\_\_\_  
Agree to pay in full for his or her program before the first day of the program. We understand that our child will not be able to participate in the program unless the tuition is paid in full. **We also understand that there are no refunds or credits for absences and that make-ups are not guaranteed. ONE make-up per session, according to space availability unless otherwise approved through the office. We kindly request absences are reported via email.** In the event our child must withdraw from the program, we understand that there are no refunds are available, but Elite may extend credit for the unused portion of the program for use towards future programs. An administrative processing fee will be applied to cover any changes or cancellations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**MUST SIGN AND RETURN IN ORDER TO GUARENTEE SPOT.**

Send all payments and correspondence to:

Elite Tennis/42 Fairfield Pl./ W. Caldwell/NJ/07006

Tel: 973-575-1000 Fax: 973-575-1176