



GOTHAM TENNIS ACADEMY: ADULT PROGRAM APPLICATION
FALL/WINTER/SPRING 2008-2009
SEPTEMBER 8, 2008 – JUNE 14, 2009

QUESTIONS? EMAIL US: INFO@GOTHAMTENNIS.COM OR CALL (646) 292-3511

PLEASE FILL OUT THIS APPLICATION FORM COMPLETELY AND RETURN IT VIA FAX (646) 292-3517 OR MAIL WITH YOUR PAYMENT TO:

**GOTHAM TENNIS ACADEMY
1560 BROADWAY, 10th FLOOR
NEW YORK, NY 10036
FAX: (646) 292-3517**

PLAYER'S NAME _____ **AGE:** ____ **DOB:** ____ / ____ / ____

CURRENT LEVEL OF TENNIS: **BEGINNER** **INTERMEDIATE** **ADVANCED**

**PLEASE TELL US A LITTLE BIT ABOUT THE CURRENT STATE OF YOUR GAME.
WHAT AREA(S) OF YOUR TENNIS GAME WOULD YOU LIKE TO SEE IMPROVE? (I.E.,
FUNDAMENTALS, CONDITIONING, MATCH PLAY, STRATEGY)**

HOME ADDRESS: _____

HOME PHONE NUMBER: _____ **WORK PHONE NUMBER:** _____

CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ **EMERGENCY TELEPHONE #:** _____

ARE YOU A USTA MEMBER? **YES** **NO** **USTA #:** _____

PLEASE SELECT YOUR PREFERRED DAY AND TIME FROM THE FOLLOWING:

MONDAY – FRIDAY 6:00 AM - 12:00 PM

**ALL ADULT CLINICS ARE 1.5 HOURS AND ARE OFFERED AT THE HARLEM ARMORY
(W143rd between Lenox and Fifth)**

1ST CHOICE: DAY: _____ TIME: _____

2nd CHOICE: DAY: _____ TIME: _____

3rd CHOICE: DAY: _____ TIME: _____

**FULL YEAR (9/8/08-5/8/09)
(30 SESSIONS, \$2,700)**

1ST SEMESTER ONLY (9/8/08-12/19/08)
 2ND SEMESTER ONLY (1/12/09-5/8/09)
(15 SESSIONS, \$1,350)

DO YOU WANT TO FORM YOUR OWN GROUP?

**IF SO, WE'RE HAPPY TO HELP. PLEASE LIST THE NAMES OF INDIVIDUALS YOU
WOULD LIKE US TO CONTACT:**

NAME	EMAILADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW DID YOU HEAR ABOUT US? _____

PAYMENT: CASH CHECK # VISA MASTERCARD AMEX

CARD # _____ EXP. DATE _____ SECURITY CODE (CV2 #) _____

Note: A 3% additional processing charge will be applied to ALL credit card payments.

PLEASE REMEMBER THAT YOUR PARTICIPATION IN THE GOTHAM TENNIS ACADEMY PROGRAM IS A STANDING WEEKLY COMMITMENT WHICH CANNOT BE RESCHEDULED, EXCEPT IN THE EVENT OF A CANCELLATION BY GOTHAM TENNIS. CREDITS FOR CANCELLATIONS BY CUSTOMER ARE ISSUED AT GOTHAM TENNIS ACADEMY'S SOLE DISCRETION. NO REFUNDS.

I UNDERSTAND AND ACKNOWLEDGE THAT THE RISK OF INJURY IS INHERENT IN ANY PROGRAM INVOLVING PHYSICAL ACTIVITY. I _____, HEREBY WAIVE AND RELEASE ANY AND ALL FULL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST HARLEM TENNIS CENTER, MIDTOWN TENNIS CLUB, GOTHAM TENNIS, INC., GOTHAM CITY TENNIS, LLC, ITS PRINCIPALS, AGENTS, STAFF AND TENNIS PROFESSIONALS, FOR ANY AND ALL INJURIES SUSTAINED BY THE PLAYER. GOTHAM CITY TENNIS, LLC IS HEREBY RELIEVED OF ANY LIABILITY AS A RESULT OF NEGLIGENCE. I SO HEREBY GIVE MY CONSENT TO MEDICAL EMERGENCY OR OTHERWISE, INCLUSIVE OF NECESSARY TRANSPORTATION IN ORDER TO RECEIVE TREATMENT IN THE EVENT OF INJURY OR ANY OTHER ILLNESS .

SIGNATURE OF PLAYER X _____

PLEASE CHECK BELOW IF YOU WOULD LIKE TO HEAR MORE ABOUT:

- HAMPTONS SUMMER CAMP**
- HAMPTONS JUNIOR PROGRAMS**
- HAMPTONS ADULT PROGRAMS**
- MANHATTAN JUNIOR PROGRAMS**
- ADULT TOURNAMENTS**
- CHILDREN'S TOURNAMENTS**

FROM TIME TO TIME, GOTHAM TENNIS ACADEMY RECEIVES SPECIAL TENNIS DISCOUNTS AND PROMOTIONS. PLEASE LET US KNOW IF YOU WOULD LIKE US TO CONTACT YOU ABOUT ANY OF THE FOLLOWING:

- TENNIS VACATIONS**
- TENNIS EQUIPMENT**
- TENNIS CLOTHING**
- TICKETS TO THE US OPEN**
- TICKETS TO OTHER GRAND SLAMS (I.E., WIMBLEDON, FRENCH, AUSTRALIAN)**
- TENNIS MAGAZINES**
- TENNIS BOOKS**
- TENNIS VIDEOS**
- TENNIS SEMINARS --PLEASE SPECIFY TOPIC OF INTEREST: _____**
- OTHER -- PLEASE SPECIFY: _____**

THANK YOU!