

Payment Information

Program fee: \$ _____ Payment by: CASH CHECK CREDITCARD
Transport: \$ _____ CREDIT CARD TYPE: MC VISA DIS AMEX
Total fee: \$ _____ CREDIT CARD NO.: _____
Deposit Amount: \$ _____ EXP. DATE: ____ / ____ CVV: _____
Balance: \$ _____
Six Consecutive Monthly Payments: ____ / ____ to ____ / ____
Monthly Payment Amount: \$ _____

Payment Terms & Liability Waiver

As the parent or guardian of a JD Program member, I understand that I am responsible for either paying in full or completing all scheduled payments and that this commitment cannot be cancelled. Your signature below authorizes TCR to charge your credit card for the above specified payment amount. Your child will not be permitted to attend classes until this form is signed and returned to TCR The Club of Riverdale.

I understand that this application must be accompanied by the required non-refundable deposit to confirm registration. I agree that once the deposit is paid, under no circumstances will it be refunded. I accept that enrollment in TCR THE CLUB OF RIVERDALE program is for the full session and that no refunds will be given for withdrawals or absences. By signing below I agree that I am either the named participant, or the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the Club. I further acknowledge and agree that there are certain inherent dangers in playing golf and that the Club shall not be liable for any personal injuries, property damage, or other loss sustained by me or the named participant in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club. If I enroll, or enroll my child(ren), in Club programs and am asked to furnish the Club with appropriate medical exams, I agree to furnish such exams and records. In addition, in case of accident or injury to me or my child(ren) and if an emergency contact person cannot be reached, I grant the Club permission to obtain medical attention if necessary, for which I will be financially responsible. The Club reserves the right to close courts for repair or alterations. The Club reserves the right to cancel this contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. TCR THE CLUB OF RIVERDALE retains the rights to any photographs or video taken at the facility to be used for publicity or advertising. TCR THE CLUB OF RIVERDALE DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT and any make-up authorized must be completed by May 31, 2022.

Parents Signature: _____ Date: _____ Print Name: _____

TCR THE CLUB OF RIVERDALE
Address: 2600 Netherland Ave.
Bronx NY 10463
718-796-9099
TCR-NYC.COM



TCR THE CLUB OF RIVERDALE

2600 NETHERLAND AVE.
RIVERDALE, NY 10463
PH: 718 796 9099

Program Application & Confirmation

Student First Name _____ Student Last Name _____

Address _____ # _____ City _____ State _____ Zip _____

Primary Email _____ Home Phone _____

Gender _____ Birthday _____ / _____ / _____ Age _____ School _____ Grade (as of 9/19) _____

Mom's Name _____ Cell _____

Dad's Name _____ Cell _____

Round Trip Transportation? Yes _____ No _____ Other _____ Player Level: _____

How did you hear about TCR? Referral Name _____ Web _____ Vehicle _____ Postcard _____

JUNIOR GOLF OPTIONS

FUTURE STARS

Age: 6 – 12 Years
Class Duration: 60 Minutes
Session Length: 17 Weeks / 34 Weeks
Levels: Beginner - Intermediate

17wk: \$1800 34wk: \$3260

34 Week Transport Cost: \$1160 / \$2260

CLASS TIMES:

MON – FRI: 4-5PM
SAT: 9-10AM, 11:30-12:30PM, 12:45-1:45PM
SUN: 9-10AM, 10:15-11:15AM, 11:30-12:30PM

JUNIORS ON COURSE

Age: 10 – 17 Years
Class Duration: 120 Minutes
Session Length: 17 Weeks / 34 Weeks
Levels: High Intermediate - Advanced
Tournament Player

17wk: \$3320 34wk: \$5860

34 week Transport Cost: \$1160 / \$2260

CLASS TIMES:

MON – THUR: 4-6PM

Choose Class: FUTURE STARS (60min) JUNIORS ON COURSE (120min)

Choose Length: 17 WKS 34 WKS

Order of Preference: MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____ SUN _____

Time Preference: #1 _____ #2 _____ #3 _____

Choose Transport: WITH-OUT TRANSPORT WITH TRANSPORT P/U ONLY D/O ONLY