

Payment Information

Program fee: \$ _____

Payment by: CASH CHECK CREDITCARD

With Return Transport: \$ _____

CREDIT CARD TYPE: MC VISA DIS AMEX

Total fee: \$ _____

CREDIT CARD NO.:

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Deposit: \$ _____

EXP. DATE:

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Balance: \$ _____

Ten Payments: _____ (Aug 1st 2019– May 1st , 2020)

Payment Amount: \$ _____

First Payment Date: _____

Last Payment Date: _____

ADD-ONS:

Program fee: \$ _____

ADD-ONS PAYMENT INFORMATION

Transport: \$ _____

Six Payments: _____ (July 1st – Dec 1st , 2019)

Payment Amount: \$ _____

Total fee: \$ _____

First Payment Date: _____

Min. Deposit of 25%: \$ _____

Last Payment Date: _____

Balance: \$ _____

Payment Terms & Liability Waiver

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 tennis/swim/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.

Parents Signature: _____ Date: _____ Print Name: _____

Please mail or email to TCR to confirm enrollment!
TCR THE CLUB OF RIVERDALE
Address: 2600 Netherland Ave. Bronx NY 10463
info@tcr-nyc.com



TCR THE CLUB OF RIVERDALE
 2600 NETHERLAND AVE.
 RIVERDALE, NY 10463
 PH: 718 796 9099 EML: info@tcr-nyc.com

Program Application & Confirmation

First Name: _____ Last Name: _____ Date of birth: _____ M F

Address: _____ Town: _____ City: _____ State: _____ Zip: _____

School Name: _____ Grade: _____ Age: _____ Level: _____

E-Mail: _____ Home Phone: _____ Cell Phone: _____

Dad Name: _____ Mom Name: _____

Dad E-Mail: _____ Mom E-Mail: _____

Dad Cell Phone: _____ Dad Work Phone: _____ Mom Cell Phone: _____ Mom Work Phone: _____

Special Needs/Medications/Allergies/Food Restrictions: _____

AFTER-SCHOOL OPTIONS

AFTER-SCHOOL PROGRAM SELECTION

Grade: Pre-k to 5th

Day's Per Week	Program Cost	W/Return Transport
2	\$4795	\$5570
3	\$5725	\$6840
4	\$6350	\$7820
5	\$6695	\$8455

Choose Length: 2 DAYS 3 DAYS 4 DAYS 5 DAYS

Choose Day: MON TUE WED THU FRI

Add-ons (Save 10%): QUICKSTART TENNIS SWIM GOLF CAMP

Choose Duration: 60 MINS 30 MIN # of CAMP WEEKS _____

Enter Time(s): _____ _____ _____

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