

# Payment Information

Program fee: \$ \_\_\_\_\_

Payment by:  CASH  CHECK  CREDITCARD

Transport: \$ \_\_\_\_\_

CREDIT CARD TYPE:  MC  VISA  DIS  AMEX

Total fee: \$ \_\_\_\_\_

CREDIT CARD NO.: 

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Deposit: \$ \_\_\_\_\_

EXP. DATE: 

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Paid in full: \$ \_\_\_\_\_

Two Payments: \_\_\_\_\_ (Consecutive Months)

Payment Amount: \$ \_\_\_\_\_

First Payment Date: \_\_\_\_\_

Last Payment Date: \_\_\_\_\_

As the parent or guardian of a Swim 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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 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 the enrolled session end date.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Please mail or fax to TCR to confirm enrollment!**

**TCR THE CLUB OF RIVERDALE**  
**Address: 2600 Netherland Ave. Bronx NY 10463**  
**FAX: (718) 796 9530**



**TCR THE CLUB OF RIVERDALE**  
 2600 NETHERLAND AVE.  
 RIVERDALE, NY 10463  
 PH: 718 796 9099 FX: 718 796 9530

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

## SWIM OPTIONS

### SWIM LESSONS

Age: 6 Months – 7 Years  
 Class Duration: 30 Minutes  
 Session Length: 17 Weeks

Cost: \$400 Members  
 \$525 Non-Members

### SWIM (SHARKS)

Age: 7 – 12 Years  
 Class Duration: 60 Minutes  
 Session Length: 17 Weeks

Cost: \$730 Members  
 \$875 Non-Members

### SUMMER SWIM

Age: 6 months – 12 Years  
 Class Duration: 30 Minutes & 60 Minutes  
 Session Length: 8 Weeks

Cost: \$220/\$400 Members  
 \$320/\$600 Non-members

### PRIVATES

1 Hour Private \$105  
 5 Hours Private \$500  
 10 Hours Private \$900\*  
 17 Hours Private Fixed time \$1700  
 34 Hours Private Fixed time \$3400

### WATERPHOBIAS Privates

1 Hour Private \$135  
 5 Hours Private \$650  
 10 Hours Private \$1200  
 1 Hour Semi Private \$90/per person  
 5 Hours Semi Private \$425/per person  
 10 Hours Private \$780/per person

Choose Swim:  GUPPIES  MINNOWS  PUFFER FISH  DOLPHINS  SHARKS  
 Choose Swim (cont):  PRIVATES  ADULT SWIM CLASSES  WaterPhobias  
 Choose Length:  17 WKS  34 WKS  8 WKS  5 HR  10 HRS  17 HRS  34 HRS  
 Choose Day:  MON  TUE  WED  THU  FRI  SAT  SUN  
 Enter Time:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Choose Transport:  WITH-OUT TRANSPORT  WITH TRANSPORT  P/U ONLY  D/O ONLY