



# PATE ACADEMY

## AT LTP TENNIS

### 2019/2020 HIGH PERFORMANCE & ACADEMY REGISTRATION

August 26, 2019 - JUNE 6, 2020

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Player Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Contact Name & # \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

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#### **CHOICE OF ONE OF THREE PROGRAMS \*\* AND RATES**

*\*\* Player participation in each program is subject to approval by Pate Academy.*

___ High Performance	10 payments of \$785
___ High Performance Plus	10 payments of \$1,225
___ Academy	10 payments of \$1,375

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#### **PAYMENT IN FULL OR**

#### **\*\* 1<sup>st</sup> PAYMENT DUE WITH THE REGISTRATION FORM**

*\*\* [Number of payments based on start date with First Block payment pro-rated.]*

Payment in Full \$ \_\_\_\_\_ or First Block Payment \$ \_\_\_\_\_ Start Date \_\_\_\_\_

I authorize LTP Tennis, LLC to charge the below credit/debit card for payments the 15<sup>th</sup> day of the month due. By signing this I understand that I must give a 30 day written notice to leave the program and that refunds or makeups will take place only for inclement weather, injury, illness or an exceptional circumstance as determined by Pate Academy. Should it be necessary for Pate Academy or LTP Tennis, LLC to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, Pate Academy or LTP Tennis, LLC shall be entitled to collect all attorney's fees and costs expended in the enforcement of the terms of the agreement. I agree that I am the responsible party and in signing this agreement I agree to be responsible for and pay all fees associated with this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_