



at
The Standard
Club

START DATE:

Participant's Name _____ Male Female

Academy Level – Daytime/High Performance Group _____

Days per week _____ Specific Days (MF) _____

Billing Rate _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address 1 _____ E-mail Address 2 _____

Birthdate _____ Grade _____

Parent/Guardian's Name _____

Emergency Contact (Name & Phone #) _____

List any allergies/medications _____

Rankings/Rating

Georgia Ranking _____ Southern Ranking _____ National Ranking _____

I/We agree to all the fees and understand and agree to all of the policies and procedures as stated in the Program. In addition, I/We assume all responsibilities for any risks or hazards that may be associated in the named program and release Darko & Byrd Tennis LLC and The Standard Club of any liability.

PARENT'S SIGNATURE: _____ **DATE:** _____



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Credit Card Recurring Payment Authorization Form

All participants must have a credit card number on file with the academy. A monthly statement will be emailed out to you between the 2nd and 3rd of every month, and an EFT payment will be taken on the 1st of every month with the credit card provided below. The monthly charge on your statement will appear as a charge from The Standard Club. If the payment date needs to be altered due to a weekend or banking holiday, it will be noted on your monthly statement. You agree that no other notification will be provided unless there is a change in your monthly statement in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below: (PLEASE PRINT CLEARLY)

I _____ authorize THE STANDARD CLUB to charge my credit card account indicated below on the 1st of each month for payment of my monthly academy statement.

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

PLEASE PRINT CLEARLY

Account Type Visa/Mastercard Discover AMEX

Name on Account _____

Account Number _____

Expiration Date _____

3 or 4 Digit Security Code _____

PLEASE NOTE: There will be a 3% surcharge on all credit card payments.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DARKO & BYRD TENNIS LLC & THE STANDARD CLUB in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next 15 days prior to the next billing date. If the above noted periodic dates fall on a weekend or holiday, I understand that the full may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a credit card transaction being rejected by my credit card company, I understand that THE STANDARD CLUB will contact me as soon as possible by phone and email provided above. I acknowledge that the origination of Auto-Pay transactions to my account must comply with the provisions of U.S law. I agree not to dispute this recurring billing with my bank so long as these transactions correspond to the terms indicated in the authorization form.

PARENT'S SIGNATURE: _____

DATE: _____



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ACH Recurring Payment Authorization Form

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated on each billing statement. A monthly statement will be emailed out to you between the 2nd and 3rd of every month, and payment will be taken on the 1st of every month with the bank details provided below. The monthly charge on your statement will appear as an ACH Debit. You agree that no other notification will be provided unless there is a change in your monthly statement in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please Complete the information below: **(PLEASE PRINT CLEARLY)**

I _____ authorize THE STANDARD CLUB to charge my bank account indicated below on the 1st of every month for payment of my monthly academy statement.

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

| | |
|-----------------------------|--|
| PLEASE PRINT CLEARLY | |
| Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Name on Account | _____ |
| Bank Name | _____ |
| Account Number | _____ |
| Bank Routing # | _____ |
| Bank City/State | _____ |

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DARKO & BYRD TENNIS LLC & THE STANDARD CLUB in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next 15 days prior to the next billing date. If the above noted periodic dates fall on a weekend or holiday, I understand that the full may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that THE STANDARD CLUB may at its discretion attempt to process the charge again within 30days and agree to an additional \$35.00 charge for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. I agree not to dispute this recurring billing with my bank so long as these transactions correspond to the terms indicated in the authorization form.

PARENT'S SIGNATURE: _____

DATE: _____



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Cancellation Policy and Form

Cancellation can be done at any time, however all cancellation requests must be submitted and received (30) days' notice prior to your credit card/ACH withdrawal date to assure cancellation of automatic payments. It is your responsibility to provide written notice 30 days in advance of your next billing date. Cancellations requests submitted within the 30-day billing cycle will result in the final payment being drawn from your account. There will be no refund issued once a payment has been charged to your account.

Cancellation fees will not be incurred if cancellation is due to Injury.

NO VERBAL notifications will be accepted

This form serves to end the contractual agreement between Darko & Byrd Tennis academy and the individual player stated below.

I am hereby providing my 30 days' notice to cancel my recurring payment. If I have not provided Darko & Byrd Tennis Academy with at least 30 days' notice prior to the next recurring billing payment, I understand that there will be one more payment processed for the succeeding month.

Player's Name _____

Please state your reason for wishing to cancel the tennis classes for the above-named player.

PARENT'S SIGNATURE: _____

DATE: _____



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Child Participation and Liability Waiver

I give my permission for my child to participate in the tennis programs at Darko & Byrd Tennis Academy @The Standard Club and hereby release/waive any, and all rights and claims for damage I might have against Darko & Byrd Tennis Academy and its agents for any, and all injuries, which may be suffered by my child in connection with participation in this program. I give permission for image, or videos taken of my child, use of the facilities or equipment, or participation in any way may be used in any legal manner without payment.

By submitting this form, I acknowledge that Darko & Byrd Tennis Academy is not responsible for any injuries that I or a member of family may sustain at Darko & Byrd Tennis Academy's facilities.

I acknowledge that Darko & Byrd Tennis Academy is not responsible for items of personal property damaged at or stolen from Darko & Byrd Tennis Academy;

I represent that I and all family members are physically capable of participating in activities at Darko & Byrd Tennis Academy with no risk to my/our health and well-being

PARENT'S SIGNATURE: _____

DATE: _____



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Rainy Days, Makeups & Drop-In Policy

Players will continue to train and develop their game on some inclement weather days when indoor facilities are available for Academy us. They will head inside for either tennis and/or or fitness and conditioning.

Makeups must be scheduled in advanced, and within the month as they do not roll over to the next session. Coach's approval is required.

Drop ins are allowed at a fee of \$80 for Daytime and \$45 for High Performance Academy.

All parents must sign up for weather cancellations and updates on www.rainedout.net

Instantly receive rained out information on your phone via text

- Enter "**DarkoByrdTennis**" in the search box.
- Click on the name Darko & Byrd Tennis Academy
- Sign up by entering your cell phone number and agree to terms of agreement.
- Open the text on your phone and enter the 4-digit validation code that was sent to you.

Repeat this procedure if you would like to receive emails instead of texts and enter your email address instead of your phone number.



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Academy Schedule & Pricing

Daytime Academy

Mon- Thurs: 1.30pm - 5.00pm

Friday- 1.30pm - 4.00pm

5 Days: \$1,100

4 days: \$1,000

3 Days: \$900

2 Days: \$700

High Performance Academy

Mon-Thurs: 5:00pm - 7:00pm

4 Days: \$425

3 Days: \$375

2 Days: \$325

Drop ins are allowed at a fee of \$80 for Daytime and \$45 for High Performance Academy. ***Rates will be prorated based on start date***