



West Coast Tennis Academy

OUR PAYMENT POLICY IS AS FOLLOWS

AGREEMENT FOR ADULT TENNIS PROGRAMS AND PRIVATE LESSONS

Programs

Schedule: The players schedule remains consistent each session. You must notify the office via fax or e-mail on future planned events by the 1st of the session; otherwise you are billed for all planned sessions. Refunds and credit are NOT available for missed sessions. Absences due to an emergency or illness are entitled to 1 make-up class. Make-ups must be scheduled within 30 days of the absence and will not be deducted from tuition. If you would like to insure placement for existing program or time in the next session, please contact the office to pre register. This policy applies to all participants unless withdrawal from the program is due to a major illness (with the approval of the WCTA office). All sessions are paid in full before participation.

Private lessons and Clinics

The player schedule remains consistent each month. You must notify the office via e-mail or phone call on future planned events by the 1st of the session; otherwise you are billed for all planned lessons. Refunds and credits are NOT available for missed session unless there is a 24-48 hour notice to the coach. Absences due to an emergency or illness are entitled to 1 make-up session, coach needs to be contacted. Make-ups must be scheduled within 30 days of the absence and will not be deducted from tuition. There are no refunds for prepaid lessons.

Termination of Program

We require 2 weeks notice to end private lessons. There are no refunds granted if in the middle of a session or month.

Payment Policies

West Coast Tennis Academy requires credit card payment on each participant. Monthly payment charges will be made on the 25th of the previous month.

Name: _____ Phone: _____

Option: _____ Pmt /Visa/MC # _____ Ex. Date: _____

Address: _____ Zip: _____

Liability and Refund forms must be signed before program begins _____

I have read the terms and conditions stated above and agree to these terms and conditions. Please sign and return full paper, a copy will be mailed back to you if you request.

Student Name

Address

Parent/Guardian, Printed Name

Signature

Date

Please return this signed form to West Coast Tennis Academy @ WCTA@BRTC & RVRby@WCTA
via MAIL: PO Box 230132 Encinitas Ca 92023 Office: 760-753-5530