



INTENSITY

REGISTRATION FORM 2011/2012

ALL PROGRAMS
REGISTRATION
FORM

Contact
Name

Phone(1)

Phone(2)

Phone(3)

Street

City,
State, Zip

E-mail

PARTICIPANT DETAILS

Participant
Name

Member Check the
Non-Member applicable box

Age (if under 18)

	Program Code	Program Description	Price	Multi-Clinic Discount	Amount Payable *
1st Choice					
	* Enter Total Amount only for Best Price Packages			1 st Choice TOTAL	

2nd Choice					
	* Enter Total Amount only for Best Price Packages			2 nd Choice TOTAL	

PAYMENT & WAIVER DETAILS

Enclosed my check made payable to "Intensity"
 Please charge my Visa / Mastercard / Discover

Total
Amount

Visa / Mastercard / Discover
Number

Exp.
Date

Name on Card (if different from contact name)

Signature (I authorize Intensity to charge my credit card, with or without my signature, for any/all open balances on my account)

Checks or credit card **payments** for clinics or camps will be processed prior to the beginning of the session. Spaces are limited and Intensity reserves the right to not accept a registration. Due to the nature of the game injuries can occur, the above signed acknowledges the risks and waives Intensity of any liability for such. The Club makes every effort to ensure that the programs run to schedule but reserves the right to re-schedule in the event of insufficient sign-ups or conditions beyond the club's control. **Cancellation Policy** - Cancellations for camps or clinics must be in writing and will be accepted up to one week prior to the start of the session for refunds. **Absences** - due to the popularity of our programs, make-ups are not offered. **Injuries** - requests should be in writing and confirmed by a doctor's note in which case, 24 hours notice must be given and the club will offer a make-up day(s) or house credit when a prolonged injury prevents the return. **Clinic changes** - all requests for clinic changes must be in writing. A participant may request a try-out the first week of a clinic for which a per-day charge will be made. Thereafter, refunds not will be given, and any remediation will only be considered from the date of the written request. Jr's participating in our programs, may NOT BE LEFT at our Club unsupervised, for more than 10 minutes prior to the start of their lesson/clinic, and must be picked up immediately after, with the exception of Jr's in the home-school program. In either case, the parent(s) waive Intensity of any liability which may occur.

Signature confirming I have read the terms & conditions above and authorize Intensity to charge my credit card, with or without my signature, for any/all open balances on my account.

MAIL TO

Intensity
490 - 508 Westport Avenue
Norwalk CT 06851

FAX TO

(203) 847 7974

QUESTIONS?

(203) 853 7727