

FIVE SEASONS

FAMILY SPORTS CLUB

Fall 2021 ADULT BEGINNER TENNIS LESSONS

**Adult Beginner Session 1: August 23rd- October 31st
10 weeks: \$250**

Enroll→	Class	Day & Time	Pro
	Beginner	Monday: 8:30-9:30pm	Jake & Mazen
	Beginner	Tuesday: 12-1pm	Chriss
	Beginner	Tuesday: 7-8pm	Craig
	Advanced Beginner	Tuesday: 8-9:30pm *Price: \$375	Craig
	Beginner	Wednesday: 12:30-1:30pm	Jim
	Beginner	Friday: 12:30-1:30pm	Chriss & Annette

Name:		Date:	Time:
Cell:	Email		
If late start please put your start date:			

Non-Member payment required at time of registration:	
-For Beginner level only *TWO SESSION MAXIMUM NON-MEMBER REGISTRATION*	
Address:	
Emergency Contact name and phone number:	
Credit Card:	Expiration:
I understand that I am financially responsible for fees and dues associated with my program participation at Five Seasons Family Sports Club	
Signature:	Date

Questions/Registration:
Contact Annette Cremin at acremin@5ssc.com or call (630) 570-5200
Class must have 4 players to run

Adult Program Registration Instructions

- 1 Complete all information on the other side of this form & turn into the front desk
- 2 Availability based on time & date form is received
- 3 Pros subject to change/ Minimum of 4 players to run class
- 4 Subs are not allowed in drills.
- 5 Pro-rating will be accepted for late starts and medical reasons only (doctor's note required).
- 6 Medical credits must be submitted to Annette within 2 weeks of occurrence with doctor's note.
- 7 No REFUNDS after start date.
- 8 No make-ups for missed classes.
- 9 BILLING WILL BE DONE 3RD WEEK OF CLASS

Waiver of liability

I accept responsibility for my use of any and all apparatus , appliances, facility, privilege or service whatsoever and operated at the club at me own risk, and shall hold this club, its owners, shareholders, directors, officers, employer's representatives and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting there from. I will follow all Five Seasons guest policy rules and policies.

Payment: CTA Card on file Attached Check

I understand that I am financially responsible for fees, policies, and dues associated with my program participation at Five Seasons Family Sports Club.

Signature: _____

Date: