

***Membership**

NOT

Required*

Summer 2022
ADULT BEGINNER TENNIS

June 6th – August 14th

10 weeks: \$250

**No class Monday, July 4th **

Enroll→	Class	Day & Time	Pro
	Beginner	Monday: 6:30-7:30pm <i>*Price: \$225 *</i>	Sue
	Beginner	Tuesday: 1-2pm	Chriss
	Advanced Beginner	Tuesday: 7-8:30pm <i>*Price: \$375</i>	Jelena & Sue
	Beginner	Wednesday: 1-2pm	Tim
	Advanced Beginner	Wednesday: 1-2:30pm <i>*Price: \$375</i>	Chriss
	Beginner	Thursday: 6-7pm	Sue

PLEASE LIST DATES MISSING→

MUST BE IN 6 CLASSES TO ENROLL IN A SESSION
DATES OF CLASSES MISSING MUST BE GIVEN ON FORM
NO DATE CHANGES AFTER JUNE 6TH

Name:	Date:
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

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

Payment: CTA Card on file Attached Check

resulting there from. I will follow all Five Seasons guest policy rules and policies.

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: