

ADULT BEGINNER TENNIS

Session 1: August 22nd- October 30th Fall 2022

10 weeks: \$270

No class Monday, September 5th

Enroll→	Class	Day & Time	Pro
	Beginner	Monday: 10:30-11:30am *Price: \$243	Jake
	Advanced Beginner	Monday: 7-8:30pm *Price: \$365	Sue
	Beginner	Monday: 8:30-9:30pm *Price: \$243	Jake & Jelena
	Advanced Beginner	Tuesday: 1-2:30pm *Price: \$405	Tim & Chriss
	Beginner	Tuesday: 6-7pm	Sue
	Beginner	Wednesday: 12:30-1:30pm	Jim
	Advanced Beginner	Thursday: 7-8:30pm *Price: \$405	Sue

Name:	Date:	Time:
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Cell:	Email
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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: