

ADULT BEGINNER / ADVANCED BEGINNER TENNIS

Session 3: February 27th – June 4th

No class Memorial Day, May 29th

Enroll →	Class	Day & Time	Pro	Cost Per Class
	Beginner	Monday: 10:30-11:30am	Jake	\$27
	Advanced Beginner	Monday: 1-2:30pm	Tim Chriss	\$41
	Advanced Beginner	Monday: 7-8:30pm	Sue	\$41
	Beginner	Monday: 8:30-9:30pm	Sue & Jelena	\$27
	Advanced Beginner	Tuesday: 1-2:30pm	Tim & Chriss	\$41
	Beginner	Tuesday: 6-7pm	Sue	\$27
	Advanced Beginner	Wednesday: 12:30-2pm	Jim	\$41
	Advanced Beginner	Thursday: 7-8:30pm	Sue	\$41
	Advanced Beginner	Friday: 1:45-2:45pm	Jim	\$27

Questions/Registration:

Contact Annette Cremin at acremin@5ssc.com

Rev. 1/31 SJ

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

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 Participants are responsible for full session cost.

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: