

FIVE SEASONS

FAMILY SPORTS CLUB

Summer 2023 ADULT BEGINNER TENNIS June 5th – August 13th (10 weeks)

**No class Tuesday, July 4th **

Enroll→	Class	Day & Time	Pro	Dates missing
	Beginner	Monday: 6:30-7:30pm <i>*Price \$270</i>	Sue	
	Beginner	Tuesday: 1-2pm <i>*Price \$243</i>	Chriss	
	Advanced Beginner	Tuesday: 7-8:30pm <i>*Price: \$410</i>	Sue	
	Beginner	Wednesday: 1-2pm <i>*Price \$270</i>	Tim	
	Advanced Beginner	Wednesday: 1-2:30pm <i>*Price: \$410</i>	Chriss	
	Beginner	Thursday: 6-7pm <i>*Price \$270</i>	Sue	
	Advanced Beginner	Friday: 11-12:30 pm <i>*Price \$410</i>	Sue	

MUST BE IN 7 CLASSES TO ENROLL IN A SESSION
DATES OF CLASSES MISSING MUST BE GIVEN ON FORM
NO DATE CHANGES AFTER MAY 30TH

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.
Pro-rating will be accepted for late starts and medical reasons only (doctor's note required). Must contact Annette Cremin at acremin@5ssc.com within two weeks of injury/illness/prorating.
- 5
- 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: