



10 & UNDER JUNIOR TENNIS

SESSION 3: WINTER 2023 / 2024



SESSION 3: WINTER/SPRING 2024. FEBRUARY 26TH- MAY 31ST (14 WEEKS)

No classes: Monday, May 27th

CLASS	COACH	DAY & TIME	COST/ CLASS	ENROLL
Red Elite	Sue	Monday, 3:45 PM - 4:30 PM	\$21	
Orange Elite	Sue & Jake A.	Monday, 4:30 PM - 6:00 PM	\$41	
Green Elite	Jeff & Jake A.	Monday, 6:00 PM - 8:00 PM	\$54	
Green	Sue	Monday, 6:00-7:00	\$27	
Orange	Jake W.	Tuesday, 4:00 PM -5:00 PM	\$27	
Orange	Jake A.	Tuesday, 4:00 PM - 5:00 PM	\$27	
Red	Sue & Jim	Tuesday, 4:00 PM - 5:00 PM	\$27	
Orange	Sue & Jake W.	Tuesday, 5:00 PM - 6:00 PM	\$27	
Green	Jim	Tuesday, 6:00 PM - 7:00 PM	\$27	
Orange	Chriss	Wednesday, 4:00-5:00pm	\$27	
Green	Jake W. & Jake A.	Wednesday, 4:00-5:00pm	\$27	
Green Elite	Jeff & Jake A.	Wednesday, 5:00 PM - 7:00 PM	\$27	
Red	Sue	Thursday, 3:45 PM - 4:30 PM	\$21	
Orange	Jim & Sue	Thursday, 4:30 PM - 5:30 PM	\$27	
Orange Elite	Jake W. & Sue	Thursday, 5:30 PM - 7:00 PM	\$41	
Green Elite Match Play	Jake A.	Friday, 5:30 PM - 7:00 PM	\$54	
Red	Jake A. & Marek	Saturday, 10:00 AM - 11:00 AM	\$54	
Orange	Sue & Jim	Saturday, 11:00 AM - 12:00 PM	\$27	

Director of Tennis: Annette Cremin | 630-570-5206 | acremin@5ssc.com

To register, please email completed form to Annette Cremin at acremin@5ssc.com or drop off completed form at front desk.

10 & UNDER JUNIOR TENNIS – WINTER 2023/2024 REGISTRATION

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PLAYER INFORMATION			
FIRST NAME		LAST NAME	
DATE		PHONE	
Do you have more than one child in the JV & HS level? (2nd child 10% off; 3rd child 20% off)			Y or N
FINANCIAL INFORMATION			
PAYMENT	<input type="checkbox"/> Charge to Club Account <input type="checkbox"/> Pay with Credit Card on File <input type="checkbox"/> Pay with New Card		
Credit Card Number _____		Expiration _____	
I understand that I am financially responsible for fees and dues associated with my program participation at Five Seasons Family Sports Club.			Initial _____

PROGRAM POLICIES

1. No refunds or cancellations after session start date.
2. No make-ups.
3. Membership required.
4. Complete all information on this form and turn into the front desk.
5. Pro-rating will be accepted for medical reasons only (doctor's note required) or for approved late start. Must contact Annette Cremin at acremin@5ssc.com within two weeks of injury/illness/prorating.
6. Parent/Guardians please sign the Financial Responsibility Agreement above.
7. Player placement is subject to Coordinator approval.

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 my 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 therefrom. I will follow all Five Seasons guest policy rules and policies.

Signature _____

Date _____

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