



ADULT TENNIS

SESSION 2: WINTER/SPRING 2024



JANUARY 15TH – MAY 31ST

Form must be completed and signed to guarantee placement.

Name _____ Date _____ Email _____ Cell _____

Are you interested in being a captain? Yes No

Three free classes included in session cost. To enroll please place an 'X' in the box for each drill day & time or first & second choices.

*Weekly sign-up sheets are located at the front desk** (for Fri. 9:00 AM - 10:30 AM & Sat. 8:00 AM - 9:30 AM)*

No classes: Monday, May 27

21-Week Session | \$40 - 1.5 hr Drill. \$54 - 2 hr Drill

Drill Level	Day & Time	Pro	Enroll
3.6+	Mon 9:00 AM - 10:30 AM	Annette/Jake	
4.0	Mon. 8:30 AM - 10:30 AM	Chriss/Tim	
3.5	Mon. 10:30 AM - 12:00 PM	Chriss	
Flex League Weekly	Mon. 12:30 PM - 2:00 PM	Annette	
4.0 Singles	Mon. 7:00 PM - 8:30 PM	Jake W./Jake A.	
3.2+ Co-Ed	Mon. 7:00 PM - 8:30 PM	Sue	
3.0+	Tues. 7:00 PM - 8:30 PM	Sue	
3.5+	Tues. 7:00 PM - 9:00 PM	Jim/Marek/Jake A.	
Men's 3.5 Drill	Tues. 8:00 PM - 10:00 PM	Dan/Jake W.	
3.5+	Wed. 9:00 AM - 11:00 AM	Chriss/Jake A.	
Senior 65+ (\$47)	Wed. 11:00 AM - 12:30 PM	Jim	
3.0+ Co-Ed	Wed. 7:00 PM - 8:30 PM	Dan/Jeff	
Men's 3.5+	Wed. 7:00 PM - 8:30 PM	Jim/Chriss/Jake A.	
3.6+	Wed. 8:30 PM - 10:00 PM	Dan/Jake A.	
3.5 Singles	Thu. 9:00 AM - 10:30 AM	Jake A.	
3.0	Thu. 10:00 AM - 11:30 AM	Jim/Chriss/Sue	
3.2 + Co-Ed	Thu. 8:00 PM - 9:30PM	Hans	
2.8 - 3.2	Fri. 9:00 AM - 10:30 AM	Jim/Chriss	
3.2 - 3.5	Fri. 9:00 AM - 10:30 AM	Annette/Tim/Jake A.	
Men's 3.5+ Weekly Sign-Up** (\$47)	Sat. 8:00 AM - 9:30 AM	Tim	
3.2+ Co-Ed	Sat. 8:00 AM - 9:30 AM	Jim/Jake A./ Marek	
3.6 Co-Ed	Sat. 9:30 AM - 11:00 AM	Tim	
3.5+ Co-Ed	Sat. 9:30 AM - 11:00 AM	Dan/Jim/Jake A.	

Team Drills continued on page 2.

Please contact Annette Cremin with any questions - 630-570-5200 or acremin@5ssc.com.

ADULT TENNIS – SESSION 2 REGISTRATION

Travel Team Drills Billed Monthly | \$35 - 1.5 hr Drill. \$47 - 2 hr Drill

Drill Level	Day & Time	Pro	Enroll
NITTL D4 National Rehor Farris	Mon. 10:30 AM - 12:30 PM	Jake W./Sue	
NITTL D2 National Stapleton/Rusthoven	Tues. 8:30 AM - 10:30 AM	Tim/Chriss	
NITTL D2 National Hanlon	Tues. 9:00 AM - 11:00 AM	Annette/Jim	
NITTL D2 American Cooper	Tues. 11:00 AM - 1:00 PM	Chriss/Jake W.	
NITTL D3 National Morgan/Palermi	Tues. 11:00 AM - 1:00 PM	Tim/Sue	
NITTL D4 Central Quinn/Delano	Tues. 12:00 PM - 2:00 PM	Annette/Jim	
Men's 3.5 Jack Barry/Illiana	Tues. 8:00 PM - 10:00 PM	Dan/Jake W.	
NITTL D4 National	Wed. 9:00 AM - 11:00 AM	Jim/Sue	
NITTL D3 American Eisenchenk/Mirkhaef	Wed. 9:00 AM - 11:00 AM	Tim/Annette	
NITTL D1 Central Musgrove	Wed. 11:00 AM - 1:00 PM	Chriss/Tim	
Ladies Jack Barry/Illiana 3.5-4.0	Wed. 7:00 PM - 8:30 PM	Annette/Jake W.	
Men's 4.0 & 4.5 Jack Barry/Illiana	Thurs. 8:00 PM - 10:00 PM	Christian/Dan/ Mazen/Jake W.	

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 and date form is received.
3. Pros subject to change/minimum of three 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 two weeks of occurrence with doctor's note.
7. No refunds after start date.
8. No make-ups for missed classes.

PAYMENT OPTIONS (please initial your choice)

_____ Charge to Club Account _____ Pay with Credit Card on File _____ Attached Check

FINANCIAL RESPONSIBILITY AGREEMENT

I understand that I am financially responsible for fees and dues associated with my program participation at Five Seasons Family Sports Club.

Financially Responsible

Parent/Guardian Signature _____ Date _____

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 _____

(Not valid without signature)

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