



# 10 & UNDER JUNIOR TENNIS

SUMMER 2024



## SUMMER SESSION: JUNE 10TH- AUGUST 18TH (10 WEEKS)

No classes: THURSDAY, JULY 4TH

CLASS	COACH	DAYS & TIME	COST FULL CAMP	ENROLL	WEEKLY COST	ENROLL
Orange Elite	Sue, Jake A.	Mon. & Wed, 2:30PM- 4:30 PM	\$975		\$120	
Red 1/2	Sue, Tara	Tue. & Thu. 3:00 PM- 4:00 PM	\$500		\$60	
Orange 1/2	Sue, Tara	Tue. & Thu. 4:00 PM- 5:00 PM	\$500		\$60	
Green 1/2	Sue, Tara	Tue. & Thu. 5:00 PM- 6:30 PM	\$765		\$90	

### WEEKLY SIGN UP PLEASE CIRCLE WEEK SIGNING UP FOR:

- JUNE 11-13**    **JUNE 18-20**    **JUNE 25-27**    **JULY 2-3**    **JULY 9-11**  
**JULY 16-18**    **JULY 23-25**    **JULY 30- AUGUST 1**    **AUGUST 6-8**    **AUGUST 13-15**

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) <b>Y</b> or <b>N</b>			
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. Membership required.
2. Complete all information on this form & turn into the front desk.
3. Availability based on time & date form is received.
4. 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.
5. Parent/Guardians please sign the Financial Responsibility Agreement above.
6. No refunds after start date as well as adjustments to bill after session has finished.
7. No make-up for missed classes.
8. Player placement is subject to pro 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

**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.**

**\$25 WEEKLY UPCHARGE FOR NO REG. FORM COMPLETED BY:  
THURSDAY @ NOON PRIOR TO WEEK PARTICIPATING IN**