



ADULT BEGINNER & ADVANCED BEGINNER TENNIS

SUMMER 2024



JUNE 10TH- AUGUST 17TH (10 WEEKS)

No classes on Thursday, July 4th

Name _____ Date _____ Time _____

Email _____ Cell _____

CLASS	PRICE	DAY & TIME	PRO	ENROLL	Dates Missing
Beginner	\$280	Monday, 6:30 PM- 7:30 PM	Jake A		
Beginner	\$280	Monday, 9:30 AM- 10:30 AM	Tara		
Advanced Beginner	\$420	Monday, 10:30 AM- 12:00 PM	Tara		
Advanced Beginner	\$420	Tuesday, 7:00 PM- 8:30 PM	Jake A		
Beginner	\$252	Thursday, 10:30 AM- 11:30 AM	Chriss		

*Must be in 7 classes to enroll in a session.

*Dates of classes missing must be given on form

*No dates changes after May 15th

Non-Member Payment Required at Time of Registration:

- For Beginner & Advanced Beginner Level
- Two Session Maximum Non-Member Registration

Address _____

Emergency Contact

Name _____ Phone Number _____

Please contact Annette Cremin at acremin@5ssc.com or call (630) 570-5200.

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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 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). Must contact Annette Cremin at acremin@5ssc.com within two weeks of injury/illness/prorating.
6. No refunds after start date.
7. No make-ups for missed classes.
8. Billing will be done upon receipt of registration form.

PAYMENT OPTIONS

(please initial your choice)

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

Credit Card _____ Expiration _____

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.

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)

Please contact Chriss Schaefer with any questions - 630-570-5200 or cschaefer@5ssc.com.