



ADULT BEGINNER TENNIS



SESSION 3: SPRING 2025 MARCH 3 - JUNE 1, 2025

No class: Easter, Sunday April 20th & Memorial Day, Monday May 26, 2025

Name: _____ Date: _____

Email: _____ Cell: _____

CLASS	PRICE	DAY & TIME	PRO	
Beginner	\$360	Monday, 1:00 PM - 2:00 PM	Jake	
Beginner	\$360	Monday, 8:30 PM - 9:30 PM	Jake	
Advanced Beginner	\$360	Monday, 8:30 PM - 9:30 PM	TBD	
Advanced Beginner	\$390	Tuesday, 1:00 - 2:00 PM	Chriss	
Beginner	\$390	Thursday, 9:00 AM - 10:00 AM	Chriss	
Beginner	\$390	Thursday, 7:00PM - 8:00PM	Jake	
Advanced Beginner	\$390	Thursday, 7:00 PM - 8:30 PM	Sue	
Advanced Beginner	\$390	Friday, 1:45 PM - 2:45 PM	Jim / TBD	

Non-Member Payment Required at Time of Registration:

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

Emergency Contact

Name _____ Phone Number _____

Please contact Chriss Schaefer with any questions - 630-570-5072 or cschaefer@5ssc.com.

2/4/2025

ADULT TENNIS – SESSION 3: SPRING 2025

ADULT PROGRAM REGISTRATION INSTRUCTIONS

1. Complete all information this form & return to front desk to guarantee placement.
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)