



# 10 & UNDER JUNIOR TENNIS

SUMMER 2025



**SUMMER SESSION: JUNE 9TH- AUGUST 17TH (10 WEEKS)**

**No classes: FRIDAY, JULY 4TH**

| CLASS               | COACH     | DAYS & TIME                     | Weekly Fee | ENROLL |
|---------------------|-----------|---------------------------------|------------|--------|
| <b>Orange Elite</b> | Sue, Jake | Mon. & Wed,<br>2:30PM- 4:30 PM  | \$120      |        |
| <b>Red 1/2</b>      | Sue, Greg | Tue. & Thu.<br>3:00 PM- 4:00 PM | \$60       |        |
| <b>Orange 1/2</b>   | Sue, Greg | Tue. & Thu.<br>4:00 PM- 5:00 PM | \$60       |        |
| <b>Green 1/2</b>    | Sue, Greg | Tue. & Thu.<br>5:00 PM- 6:30 PM | \$90       |        |

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

**JUNE 9-12    JUNE 16-19    JUNE 23-26    JUNE 30-JULY 3    JULY 7-10**  
**JULY 14-17    JULY 21-24    JULY 28-31    AUGUST 4-7    AUGUST 11-14**

**PLAYER INFORMATION**

|                   |  |                  |  |
|-------------------|--|------------------|--|
| <b>FIRST NAME</b> |  | <b>LAST NAME</b> |  |
| <b>Email</b>      |  |                  |  |
| <b>DATE</b>       |  | <b>PHONE</b>     |  |

Do you have more than one child in the JV & HS Level (2nd child 10% discount, 3rd child 20%)

**FINANCIAL INFORMATION**

Charge to Club Account   
  Pay with Credit Card on File   
  Pay with New Card

|   |  |            |
|---|--|------------|
| <b>PAYMENT</b>  |  | Initial    |
| 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. |  |            |

## 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:  
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.**

**Fall 2025 Session August 18 - November 3, 2025  
Registration Opens June 16, 2025**

**3.3.2025**