

June 4 - August 14

10 week program

A minimum of 4 students must be met in order for a class time to be held. Ross will call you if the class you have registered for is cancelled and those affected will be moved to another time or receive a refund. No classes will be held on Labor Day.

Non Members

Program	1 time per week	2 times per week	3 times per week
Tiny Aces	\$360	\$550	\$680
Aces 1	\$370	\$550	\$680
Aces 2	\$480	\$770	\$940
Junior Davis	\$510	\$680	\$820
Junior Davis ELITE	\$510	\$680	\$820
Areas Best	\$590	\$820	\$999

Early Registration
signup by May 31st and
get \$20 off

Premier Members

Tiny Aces	\$280	\$370	\$460
Aces 1	\$280	\$370	\$460
Aces 2	\$360	\$530	\$670
Junior Davis	\$360	\$530	\$670
Junior Davis ELITE	\$360	\$530	\$670
Areas Best	\$440	\$670	\$850

Date paid	_____
Amount	_____
Receipt #	_____
# of weeks	_____

(Please circle days desired)

Tiny Aces Monday 4-5 - Tuesday - Thursday - Saturday 11a-12

Aces 1 Monday 4-5 - Tuesday - Thursday - Saturday 12-1

Aces 2 Monday 4-5:30 - Wednesday - Friday - Sunday 12-1:30

Junior Davis Tuesday 4-5:30 - Wednesday - Friday - Sunday 1:30-3p

Junior Davis Elite Monday 5:30-7 - Wednesday - Sunday 3-4:30

Areas Best Monday 5-7 - Tuesday - Wednesday - Thursday - Saturday 2:30-4:30 - Sunday 10a-12p

Student Name _____ Age _____ Date of Birth _____

Phone(____) _____ - _____ Email _____

Parent Name _____ Parent Phone (____) _____ - _____

Address _____ City _____ State _____ ZIP _____

Waiver: I have read and do accept the policies listed above and herein. I also understand and acknowledge the risks and activities associated with activities at Springfield Racquet & Fitness Center including but not limited to tennis, physical fitness and recreational activities, and give my/our approval for minor child(ren) to participate in such activities, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless each of the Releases (Springfield Racquet & Fitness Center its administrators, directors, agents, owners, officers, and employees) from any claim rising out of injury to myself, my family and my/our child from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releases or otherwise including causes by other participants, bodily injury, personal injury, emotional distress, embarrassment, and negligent rescue operations, and further agree that if, despite this release, I/we the minor's parent/legal guardian, or anyone on the minor's behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, court costs, investigation costs, attorney fees, loss liability, damage or cause any may incur as the result of any such claim.

Consent: I do hereby give consent to medical care, emergency or otherwise, including any necessary transportation, in event of injury to or any illness with my child/ward or myself. I also consent to photographs/videos taken at the clinic, lesson or program that may include my child, ward or myself being used for advertising and other media efforts.

Parent/Guardian Signature _____ Date _____ Employee _____