

ENROLL NOW for March

Classes begin on the 3rd



Springfield Racquet & Fitness Center

**It's EASY & FUN
With Tennis 1 2 3**

Choose from 4 Class Times

Mondays 11am – 12pm
March 7, 14, 21, 28

Wednesdays 7 – 8pm
March 7, 14, 21, 28

Saturdays 11am – 12pm
March 3, 10, 17, 24

Sundays 2-3pm
March 4, 11, 18, 25

**Learn a Lifetime Sport
Meet New People – Stay Active**



Tennis 1 2 3 is the Perfect Program to Get You on the Court and Feel Comfortable Playing Tennis.
All Classes Taught by Certified Tennis Pro Ross Graham, USPTA, Kim Eck, PTR, USPTA and AJ Segneri, USPTR

Program Fee-Just \$49 for a 4 Class Session—Payment Due with Registration-Limited Class Size

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Tennis Experience: _____ Please Indicate Session Day: _____

Waiver: I 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 I 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 from all liability, claims, demand, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the Releases or other wise including negligent rescue operations, and further agree that if, despite this release, anyone on my behalf makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any litigation expenses, 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. I also consent to photographs/videos taken at the clinic, lesson or program being used for advertising and other media efforts.

Participant Signature _____ Date: _____

Payment Method: Cash Check
 CC Type _____ # _____

Print Name as on CC _____ Signature _____

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