



325 Bedford Street · Lakeville, MA 02347  
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# Future Stars Clinic

FUTURE STARS CLINIC SCHEDULE		
DAY	TIME	RATE* <i>*JUNIOR MEMBERSHIP REQUIRED</i>
Tuesdays	4 - 5:30 pm	\$352



- Invitation only
- Intermediate Level
  - orange & green dot balls used
- Advance registration and payment is required

Session 1:	9/10/24 - 10/29/24	8 week sessions
Session 2:	11/5/24 - 1/7/25	
Session 3:	1/14/25 - 3/11/25	
Session 4:	3/18/25 - 5/13/25	
Session 5:	5/20/25 - 6/17/25*	*5 week session (\$220)
No Classes: 12/24, 12/31, 2/18, & 4/22		



**Please note:**

1. Program eligibility is determined & monitored by the tennis instructors.
2. Ability and age are determining factors for enrollment in the program.
3. There are no make ups for missed classes; no credits or refunds will be given.

✂----- PLEASE COMPLETE AND RETURN TO FRONT DESK -----

Front Desk: Payment \$ \_\_\_\_\_  Check # \_\_\_\_\_  CC  Cash  
 Staff Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_

SESSION (circle all that apply):    1    2    3    4    5  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_

**Waiver and Release:**  
 I give approval for my child's participation in the 2024-25 Future Stars Program. I assume all risks and hazard incidental to his/her participation in Future Stars activities. I acknowledge and agree that participation includes possible exposure to illness from infectious disease including, but not limited to corona virus and Covid-19. I hereby waive, release, absolve, indemnify and agree to hold harmless the Lakeville Athletic Club and its representatives for injuries, illnesses, damages or losses.  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_