



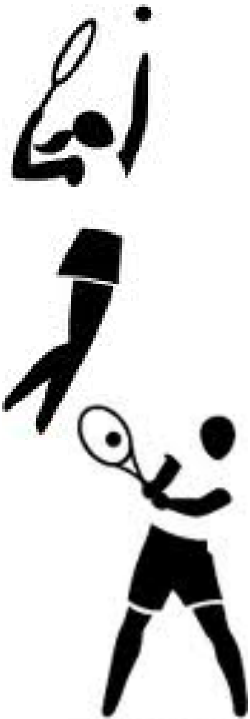
325 Bedford Street · Lakeville, MA 02347

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# LAC Junior Academy

ACADEMY SCHEDULE <i>*JR. MEMBERSHIP REQUIRED</i>		
DAY	TIME	RATE*
Mondays	5 - 6:30 pm	\$288
Thursdays	5 - 6:30 pm	\$288
Sunday (match play only)	4 - 5:30 pm	\$25 per week

TWO DAY COMMITMENT <i>*JR. MEMBERSHIP REQUIRED</i>	
SCHEDULE	RATE*
Mondays & Thursdays	\$552
Sunday (match play only)	FREE



- Invitation only
- 1 1/2 hour classes focusing on point situational play & fitness
- Advanced Level using yellow ball only
- Sunday match play free during the session if committed to BOTH days  
- Sign up will be on a weekly basis for match play (starts 9/15/24)
- Advance registration with payment is required - space limited

Session 1:	9/9/24 - 10/17/24	<b>6 week sessions</b>
Session 2:	10/21/24 - 11/28/24*	
Session 3:	12/2/24 - 1/23/25	
Session 4:	1/27/25 - 3/13/25	
No classes weeks of: 12/23, 12/30, & 2/17 *Thanksgiving make up on 12/23/24		

**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 DAY (circle one): Mon Thurs BOTH

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Waiver and Release:**

I give approval for my child's participation in the 2024-25 Academy Program. I assume all risks and hazard incidental to his/her participation in Academy 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 \_\_\_\_\_