

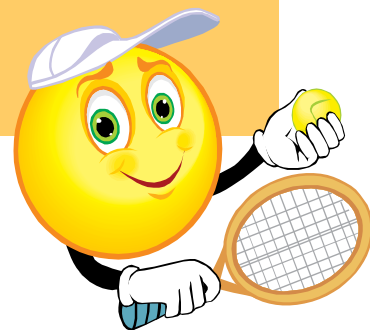


325 Bedford Street, Rte 18
Lakeville, MA 02347

Phone: 508-947-8088
www.LakevilleAthleticClub.com

YOUTH TENNIS PROGRAM

2024-2025 Academic Year



- No previous experience required
- Develop hand-eye coordination, fitness awareness, self-esteem, & confidence
- JR racquets available for purchase (appropriate tennis footwear & attire needed)
- Select 1 or 2 days per week

AGE	DAY	TIME	RATE - 1 Day	RATE - 2 Days
5 - 7	Monday and/or Thursday	4:00 - 5:00 PM	\$224/ student	\$384 / student
8 - 12	Monday and/or Thursday	4:00 - 5:00 PM	\$224 / student	\$384 / student

Classes held on individual holidays & half days!

Session 1:	9/9/24	-	10/31/24	8 week sessions Advance registration with payment is required
Session 2:	11/4/24	-	1/9/25*	
Session 3:	1/13/25	-	3/13/25	
Session 4:	3/17/25	-	5/15/25	
Session 5:	5/19/25	-	6/19/25* (5 week session - \$140 \$240)	
		* (Thanksgiving make up on 11/27/24) * (Memorial Day make up on 5/28/25)		
No classes weeks of: 12/23, 12/30, 2/17, & 4/21				

Please Note:

1. Class size is determined & monitored by tennis instructor (3 needed for class).
2. There are no make ups for missed classes; no credits or refunds will be given.



----- COMPLETE AND RETURN WITH PAYMENT -----

Front Desk: Payment \$ _____ Check # _____ Credit Card _____ Cash _____
 Staff Initials: _____ Date Received: _____

Session (circle all that apply): 1 2 3 4 5 Day Attending (circle 1 or 2 days): Mon Thu
 Youth Tennis Program (save by doing 2 days/week)

Name _____ Age _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Waiver and Release:

I give approval for my child's participation in the 2024-25 Youth Tennis Program. I assume all risks and hazards incidental to his/her participation in Youth Program 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 all injuries, illnesses, damages or losses.

Parent/Guardian Signature _____ Date _____