

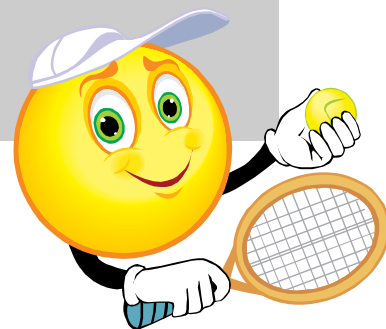


325 Bedford Street, Rte 18
Lakeville, MA 02347

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

YOUTH TENNIS PROGRAM

2019-2020 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)

AGE	DAY	TIME	RATE
5 - 7	Monday	4:00 - 5:00 PM	\$168 / student
8 - 12	Thursday	4:00 - 5:00 PM	\$168 / student

Advance
Registration
and
Payment
Required

Classes held on individual holidays & half days!

Session 1:	9/9/19 - 10/24/19	7 week sessions
Session 2:	10/28/19 - 12/12/19	(11/28/19 class held on 11/26/19)
Session 3:	12/16/19 - 2/27/20	(8 week session - \$192)
Session 4:	3/2/20 - 4/30/20	(8 week session - \$192)
Session 5:	5/4/20 - 6/18/20*	
	* (5/25/20 class held on 5/26/20)	
No classes weeks of: 12/23, 12/30, 2/17, & 4/20!		

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 one): **1** 2 3 4 5
Youth Tennis Program

Day Attending (circle one): **Mon** Thu
(authorization needed to change days)

Name _____ Age _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Waiver and Release:

I give approval for my child's participation in the Youth Tennis Program. I assume all risks and hazards incidental to his/her participation in Youth Program activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Lakeville Athletic Club and its representatives for injuries, damages or losses.

Parent/Guardian Signature _____ Date _____