

JUNIOR TENNIS PROGRAMS AT RADISSON SUMMER 2018

All classes meet Monday & Wednesday at the same time for 3 weeks.
Lessons will be taught by Chris Galle, Adult Director of Tennis @ Elevate Fitness in Liverpool.

| Group | Time | Cost |
|---------------------|-----------------|------|
| Pee Wee (Ages 5-7) | 8:30 – 9:15 am | \$63 |
| Rookies (Ages 8-11) | 9:15 – 10:15 am | \$84 |

Session 1 June 25– July 11

Session 2 July 23 – August 1* (Two Weeks Only)

Session 3 August 6 – August 22

| SESSION | 2 | Pricing |
|----------------|-------------|-------------------------|
| Pee Wee | \$42 | (Two Weeks Only) |
| Rookies | \$56 | (Two Weeks Only) |

- ❖ Ability level may not match up with age. People with age or schedule problems should contact tennis pro.
- ❖ Private Lesson will be offered for \$70 per hour arranged by student and professional.

All lessons will be taught at Carpenter Road Courts. Rain days will be made up within same session only. Amounts can be prorated if classes will be missed due to vacation. There are no cash refunds. Students will be placed in appropriate class.

Professional reserves the right to make changes in class due to ability level. All checks should be payable to **Elevate Fitness**.

Minimum 4 students per class. If you need to get a hold of Chris please call 315-451-5050 or email tngtennis@yahoo.com.

Registrations will be available up until four days before class starts.

Name _____ Amount Enclosed \$ _____
 Address _____
 Home Phone # _____ Cell phone # _____
 Class _____ Session # _____ **DAY/TIME** _____
 Resident circle YES or NO Email: _____

Waiver Agreement: I hereby give my consent for the above named applicant to participate in Tennis Lessons in the Radisson Community, offered through Elevate Fitness. I further release and agree to hold harmless the Radisson Community Association, Inc. ("RCA"), and Elevate Fitness, their employees, agents, representatives and any volunteers from any and all injury, claims, and liabilities whatsoever that might be incurred as a result of participation in said program. I further grant the RCA, its employees, agents, representatives and any volunteers or emergency medical personnel permission to provide my child/participant with emergency or medical treatment should that become necessary. I give permission for photos taken during the program to be used by RCA. (Submit written notice to revoke permission.) I have read this document carefully, understand its terms, and voluntarily sign it understanding its significance.

Parent's Signature _____ Date: _____