

JUNIOR TENNIS PROGRAMS AT RADISSON SUMMER 2019

All classes meet Monday & Wednesday at the same time.
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	\$72
Rookies (Ages 8-11)	9:15 – 10:15 am	\$96

SESSION	1	Pricing
Pee Wee	\$48	(Two Weeks Only)
Rookies	\$64	(Two Weeks Only)

Session 1 July 1 – July 10 *(Two Weeks Only)

Session 2 July 15 – July 31

Session 3 August 5 – August 21

- ❖ 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 pro-rated 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 #** _____ **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: _____