



JUNIOR TENNIS SUMMER SESSIONS

4PM-5PM

RED BALL 1 & 2 | Ages 5-8

ORANGE BALL | Ages 9-10

GREEN BALL | Ages 11-12

TO REGISTER CONTACT TIM TUNIS
TTUNIS@WEYMOUTHCLUB.COM

REGISTRATION FORM
ON BACK



REGISTRATION

Child Name: _____ Child DOB: _____ Member ☐ Nonmember ☐

Clinic Name: _____ Clinic Day(s)/ Time: _____

Parent/ Guardian Name: _____ Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email Address: _____

CC#: _____ - _____ - _____ exp: _____ / _____ cvv: _____ Use COF: ☐

Choose Program: ☐ Red Ball ☐ Orange Ball ☐ Green Ball

CHECK CHOSEN WEEKS:

- | | |
|---|--|
| <input type="checkbox"/> WEEK 1: June 16 - 19 | <input type="checkbox"/> WEEK 6: July 21 - 24 |
| <input type="checkbox"/> WEEK 2: June 23 - 26 | <input type="checkbox"/> WEEK 7: July 28 - 31 |
| <input type="checkbox"/> WEEK 3: June 30 - July 3 | <input type="checkbox"/> WEEK 8: August 4 - 7 |
| <input type="checkbox"/> WEEK 4: July 7 - 10 | <input type="checkbox"/> WEEK 9: August 11 - 14 |
| <input type="checkbox"/> WEEK 5: July 14 - 17 | <input type="checkbox"/> WEEK 10: August 18 - 21 |

CHECK CHOSEN SESSION:

- ☐ FULL WEEK
Monday - Thursday
Members | \$96/week
Nonmembers | \$128/week
- INDIVIDUAL DAY(S) (Choose 1-3)
☐ Mon ☐ Tues ☐ Wed ☐ Thurs
Members | \$27/day
Nonmembers | \$35/day

PROGRAMMING POLICIES

For any scheduling questions please email ttunis@weymouthclub.com

1. Full payment must accompany the registration form, and weekly sign-ups must be made the Wednesday prior to the chosen clinic. Parents must have a valid credit card on file.
2. There are **no refunds or makeups** for scheduling conflicts or missed classes (including but not limited to sickness or minor injury).

Players assume risks and hazards incidental to participants in this program and waive, release, absolve, indemnify, and agree to hold harmless Weymouth Club and its representatives for injuries, damages, or losses. Each student may decline to participate in any activity which may be harmful, and is also responsible to inform the instructor, in writing of any physical limitations which may prevent full participation in class or any associated event. Fees are non-refundable (since enrollment is closed when full). My signature represents the release of all liability as stated above.

Signature: _____ Date: _____