



# SUMMER YELLOW BALL CLINIC

JUNE 16<sup>TH</sup> - AUGUST 28<sup>TH</sup>

MONDAY - THURSDAY  
5pm - 6:30pm

*Competitive Drills*  
*Point Play*  
*Live Ball*

REGISTRATION

CONTACT ANNE NEELY  
ANEELY@WEYMOUTHCLUB.COM

REGISTRATION FORM ON BACK



# REGISTRATION

Child Name:	Child DOB:	Member <input type="checkbox"/>	Nonmember <input type="checkbox"/>
Clinic Name:	Clinic Day(s)/ Time:		
Parent/ Guardian Name:	Permanent Mailing Address:		
City:	State:	Zip:	Phone #:
Email Address:			
CC#:	-	-	exp: / cvv:
			Use COF: <input type="checkbox"/>

## 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 |

## PRICING

### Per Class

Members | \$40 per class

Nonmembers | \$50 per class

### Full Week

(Monday - Thursday)

Members | \$140

Nonmembers | \$180

## PROGRAMMING POLICIES

For any scheduling questions, please email Anne Neely at [aneely@weymouthclub.com](mailto:aneely@weymouthclub.com)

1. Full payment must accompany the registration form. Parents must have a valid credit card on file.
2. There are **no refunds or makeups** for scheduling conflicts or missed classes. Any cancellations received less than 24 hours before the start of class will be charged the full amount for the class.

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 that may be harmful and is also responsible for informing the instructor of any physical limitations that 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:
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