



## SEASONAL INSTRUCTION RATES 2018-19 (34 weeks)

Lesson Type (Per Person)		Director of Tennis	Senior Professional	Professional	Associate Professional
Private Lessons	1/2 Hour	\$78	\$73	\$70	\$65
	1 Hour	\$135	\$125	\$120	\$110
	Seasonal (34wks/1 hr.)	\$4,590	\$4,250	\$4,080	\$3,740
Semi-private Lessons	1/2 Hour	\$44	\$42	\$40	\$37
	1 Hour	\$78	\$73	\$70	\$65
	Seasonal (34wks/1 hr.)	\$2,652	\$2,482	\$2,380	\$2,210

Clinic (Per Person)		Director of Tennis	Senior Professional	Professional	Associate Professional
Clinic 3 players	Seasonal (34wks/1 hr.)	\$1,870	\$1,768	\$1,700	\$1,633
	Seasonal (34wks/1.5 hr.)	\$2,805	\$2,652	\$2,550	\$2,450
Clinic 4 players	Seasonal (34wks/1 hr.)	\$1,530	\$1,496	\$1,427	\$1,365
	Seasonal (34wks/1.5 hr.)	\$2,295	\$2,244	\$2,140	\$2,048

MEMBERSHIP DUES (9/1/18 - 8/31/19)		HOLIDAY CLOSINGS (No seasonal program play - 12/24/18 - 1/01/19)	
Individual	\$110.00	Labor Day	Mon. Sept. 3, 2018
Junior (under 18)	\$ 35.00	Thanksgiving	Thurs. Nov. 22, 2018
Senior (over 65)	\$ 65.00	Christmas Eve	Mon. Dec. 24, 2018
Couple	\$160.00	Christmas	Tues. Dec. 25, 2018
Family	\$230.00	New Year's Day	Tues. Jan 1, 2019

**SEASON INFORMATION**  
 34 Week Season  
 Tuesday September 4<sup>th</sup>, 2018 to Monday May 13<sup>th</sup>, 2019  
 Excluding Holiday Week: December 24<sup>th</sup>, 2018 thru January 1<sup>st</sup>, 2019

DEPOSIT (\$500 for 1 hr. or \$750 for 1.5 hr.) or FULL PAYMENT (including deposit-equivalent), LESS 10%, must accompany application by February 28<sup>th</sup>, 2018. After June 1, 2018, deposits or deposit-equivalents will be forfeited to WRC and are non-transferable to other WRC programs.



**2018-19 Program Registration Form.**

<b>Captain/Individual Name:</b>		
Address:		City, State, Zip
Phone (H)	Phone (M)	(W)
Email:		

To secure your tennis reservation, please include one of the following: **Deposit of \$500 per hour / \$750 per one and one-half hour** or **Early Registration 10% Discounted Total Payment (available only through February 28, 2018).**

**Seasonal Court Commitment**

Day	Time		Deposit/Total Due 2/28/18 (Balance Due 8/15/18)
		34 Weeks (\$500 (1 hr) (\$750.00 1.5 hr)	

**Instructional Programs**

Day	Time	Pro		Deposit/Total Due 2/28/18 (Balance Due 8/15/18)
			Clinic Instruction (34 wks.) (\$500 (1 hr) (\$750.00 1.5 hr)	
			Seasonal Private Lesson (34 wks.) (\$500 (1 hr) (\$750.00 1.5 hr)	

**Deposit Information**

**Acceptable forms of payment: Credit Cards, Checks or Cash. Deposit payments are refundable until June 1<sup>st</sup>, 2018. After June 1<sup>st</sup>, deposits (or deposit-equivalents) are forfeited and non-transferable to other programs.**

Player Name	Check#/ Credit Card #	CC Exp.	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Total Payment	\$
---------------	----

**Court Roster on back must be completed.**

Please print neatly.

<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:

**WAIVER**

*I, as the participant and or as the legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by reason or in connection with my or his/her participation in any club program or activity; and I hereby release and discharge Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct of Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties. Waiver: I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_