

WestSide Athletic Club

Fall Junior Tennis 2010 Session

September 7th – December 16th (14 weeks)

(All classes consist of a 6:1 pro to student ratio)

*No class the week of Thanksgiving

Payments for students who sign up for both days can be done in two payments. First payment is due on or before September 7th. Second payment is due on or before October 25th.

Junior Team

High school players who have already attained good stroke production. Emphasis on match play and strategy.

<u>Class Day</u>	<u>Time</u>	<u>Member cost</u>	<u>Non-member cost</u>
Tuesday	4:30-6:00	\$315	\$405
Thursday	4:30-6:00	\$315	\$405
Both days	4:30-6:00	\$630	\$720

Challengers

Intermediate level players; beginning to play unranked tournaments; this player is comfortable with scoring and positioning and able to play a game on their own; Emphasis placed on mechanics, point play, and consistency.

<u>Class Day</u>	<u>Time</u>	<u>Member cost</u>	<u>Non-member cost</u>
Monday	5:00-6:00	\$195	\$285
Wednesday	5:00-6:00	\$210	\$300
Both days	5:00-6:00	\$405	\$495

Future Stars

Beginner and advanced beginner; familiar with forehand, backhand, and the serve motion; Emphasis is placed on stroke production, station drills, hand-eye, and footwork drills; able to rally a few balls but not ready for match play.

<u>Class Day</u>	<u>Time</u>	<u>Member cost</u>	<u>Non-member cost</u>
Monday	4:00-5:00	\$195	\$285
Wednesday	4:00-5:00	\$210	\$300
Both days	4:00-5:00	\$405	\$495

*Payment is due at time of registration and there are no make ups. Some players may be moved after the first week to ensure they are in the proper class.

* You may sign up for both days or just one day. Priority will be given to students who sign up for both days if class is full.

Please contact Matt Decker (Tennis Director) for more information at 352-8500 ext. 121 or mdecker@wactn.com.

Circle: Please circle one or both days

Junior Team –	Tuesday	Thursday	Both
Challengers –	Monday	Wednesday	Both
Future Stars –	Monday	Wednesday	Both

Name: _____

Parent Name: _____

Member (key fob) # _____

Address: _____

Telephone /Emergency Contact:

Home: _____ Cell: _____

Work: _____ Email: _____

Age: _____

Assumption of Risk & Release

In giving my child permission to participate in WestSide Tennis and other programs and activities at WestSide, I acknowledge that, while not common, these programs involve the risk of injury, ranging from minor (bruises and sprains) to more serious or catastrophic injuries. I hereby release and discharge WestSide Tennis and WestSide Athletic Club and any beneficial owner of WestSide and any affiliated companies, their officers, owners, employees, and agents from any and all such claims and damages to person or property, demands, injuries, actions or causes of action which might arise as a result of an accident occurring while my child/children participate in WestSide programs including class participation, shows, demonstrations, and competitions, and transportation to such events. If you are not a parent of the registered child (children), you hereby state that you are the child's(children's) legal guardian and/or an authorized agent of the parent(s). I hereby state that I have read and understood the above release, and agree to comply with the requirements and regulations of the program as stated in the rules and policy sheet.

Photography Consent & Release

PHOTOGRAPHY CONSENT/RELEASE - parent/guardian grants permission to WestSide to take and use: photographs and/or digital images of me and/or my children for use in news releases and other marketing materials. These materials might include printed or electronic publications, web sites and other electronic communications. Parent/guardian further understands that child's (children's) and/or parent's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation. All negatives, prints, digital reproductions shall be property of WestSide.

Payment Policies

I AGREE AND PROMISE TO PAY FOR ALL FEES ASSOCIATED WITH MY CHILD'S/CHILDREN'S PARTICIPATION AT WESTSIDE. I further understand and agree that if I fail to make timely payments on my account, I will be responsible for any and all reasonable costs of collection, including filing fees, as well as attorney's fees.

Parent Signature: _____

Date: _____