

# Peak Junior Tennis Registration

Oct 1-26, 2022

\*\*See Website for descriptions of groups.



Program/Age	Day/Time	Tennis	Club	Guest
High Performance 1 (by invitation, contact coaches) 4/ct	M-TH 4-6p	\$480	\$530	\$550
High Performance 2 (by invitation, contact coaches) 6/ct	M-TH 4-6p	\$480	\$530	\$550
Challengers (Jr/HS able to rally with various shots) 8/ct max	Fr 4:30-6, Sat 10:45a-12p	\$190	\$210	\$220
Future Stars 8 to Jr/HS (beg to intermediate level) 8/ct max	Sat 9:45-10:45a	\$80	\$85	\$90
#Super Stars: 8 & under (beginner and younger in skills)	Sat 9-9:45a	\$60	\$65	\$70

HP1: USTA tournament play, rankings, committed to training at least 4 days per week, competition nights, etc. These players can execute and sustain self fed drills at a significant level with most shots. HP2: HS players (or by invitation) able to compete and drill at a good level. (HP and HP2 players expected to have jump ropes, training bands etc for on court speed and fitness use.). We assess players and suggest movement (preferably up in level) as needed. **WE DO NOT DO DROP-INS & YOU MUST SIGN UP FOR ENTIRE PROGRAM Unless approved**—we usually have players waiting to get in full time for HP/HP2 so **ANY ATTENDANCE ADJUSTMENTS NEED TO BE APPROVED** for all programs.

**Please Submit a payment each month to “Junior Pool” by first day of clinic.**

Junior Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is Junior a  Tennis Member # \_\_\_\_\_  Club Member# \_\_\_\_\_  Guest

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

I authorize the Peak Junior Program to charge with the following method of payment:

Cash  Check# \_\_\_\_\_  CC  Charge CC/Check on file as Member

Total Amount Paid \$ \_\_\_\_\_

Permission/Waiver: BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I UNDERSTAND AND AGREE THAT I AM LEGALLY BOUND BY ITS CONTENTS. In consideration for my use of The Peak Health and Wellness Centers on and off site, I hear-by stipulate and agree that: I realize the risk involved with this specialty class, due to the negligence of the The Peak Health & Wellness Center or otherwise, as well as the possibility of injury as a result of the participation, I therefore fully understand the serious consequences which might result due to the involvement in the class and based on that understanding, as set forth in this paragraph, I voluntarily assume all risk of loss, damage or injury of any kind whatsoever from the use of any and all of the equipment and facilities of The Peak Health & Wellness Center, and further with full knowledge of the consequences (I.e. that I am waiving rights to sue) expressly waive any liability on the part of The Peak Health & Wellness Center, or their respective trustees, beneficiaries, staff, officers, directors shareholders and agents from my use in this specialty class. I HAVE READ THE ABOVE ERMS AND INTEND TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF THE PEAK HEALTH & WELLNESS CENTER, OF ANY AND ALL LIABILITY, AND HERBY AFFIX MY SIGNATURE HERE TO. **I authorize Peak to withdraw funds if my method of payment selected is on file as a Peak Member.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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