**Peak Junior Tennis Registration**

**April 1-30 2023**

**Note: We adjust every month due to holidays, events, etc.  
See Website for group descriptions.**

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|  | **Program** | **Day/Time** | **Tennis Mbr** | **Club Mbr** | **Guest** |
|  | High Performance (invite only) | M-Th 4:30-6 pm | $480 | $560 | $640 |
|  | Challengers (JR/HS, able to rally) | Fri 4:30-6 pm  Sat 10:45 am-12 pm | $125 | $150 | $175 |
|  | Future Stars (junior beginner to intermediate) | Sat 9:45-10:45 am | $100 | $125 | $150 |
|  | Super Stars (8 & under, beginning level) | Sat 9-9:45 am | $100 | $125 | $150 |

High Performance: USTA tournament play, rankings, committed to training at least four days per week. These players can execute and sustain self-fed drills at a significant level with most shots. HS players (or by invitation) able to compete and drill at a high level. (HP players expected to have jump ropes, training bands, etc. for on court speed and fitness use). **WE DO NOT DO DROP-INS AND YOU MUST SIGN UP FOR ENTIRE PROGRAM UNLESS APPROVED.**

**Please submit a payment each month to “Junior Lesson 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

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

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

* Cash
* Check # \_\_\_\_\_\_\_\_
* Credit card
* 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 hereby stipulate and agree that: I realize the risk involved with this 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 and Wellness Center, and further with full knowledge of the consequences (i.e. that I am waiving rights to sue) expressly waive and liability on the part of the Peak Health and 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 TERMS AND INTEND TO BE LEGALLY BOUND HEREBY AND UNDERSTANDING THIS DOCUMENT TO BE A COMPLETE WAIVER AND DISCLAIMER IN FAVOR OF THE PEAK HEALTH AND WELLNESS CENTER, OF ANY AND ALL LIABILITY, AND HEREBY AFFIX MY SIGNATURE HERETO. **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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