



Peak Adult Tennis Programs Winter 2025 Registration

Session (Check Session and Classes)

- ____ I. Jan. 6th - Feb. 1st
____ II. Feb. 3rd - Mar. 1st

Classes offered:

Cardio Tennis

- ____ Monday noon - 1 pm
\$80 M \$110 Non
____ Wednesday 1:30 -2:30 pm
\$80 M \$110 Non
Drop in for 1 class \$27.50

Doubles Drills

- ____ Tuesday Noon - 1:30pm
\$120 M \$150 Non
____ Thursday Noon - 1:30pm
\$120 M \$150 Non
Drop in for 1 class \$37.50

Singles Drills

- ____ Friday 11:30 - 1pm
\$120 M \$150 N
Drop in for 1 class \$37.50

Adult Beginning Class

- ____ Saturday noon - 1pm
\$80 M \$110 N
Drop in for 1 class \$27.50

For Questions, please contact Jared
Burnham, Director of Tennis @
406-600-7055

Name _____

Phone _____

Address _____

Emergency Contact and Phone

Email _____

Method of Payment:

Member Account # _____

Cash

Check # _____

Credit Card _____

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 _____

Date _____