

PEAK
Junior Tennis Summer 2025
Starting June 17th

Classes are as follows
(Check applicable class)

___Tots – Beginning Ages 4-8
Noon – 1pm

___Futures – Beginning Ages 9-11
1:30 – 2:30pm

___Champs – Beginning & Intermediate
Ages 12 and up
10:30 - Noon

___Elite High School
Noon – 1:30pm

Prices per week are as follows
1 hour class \$60 M \$80 NM
1.5 hour class \$90 M \$110 NM
For a drop in 1, day pro rate and add \$5

Camp Dates (Check applicable weeks)

___June 17th – 19th

___June 24th – 26th

___July 1st – 3rd

___July 8th – 10th

___July 15th – 17th

___July 29th – 31st

___August 5th – 7th

___August 12th – 14th

___August 19th – 21st

Juniors Name _____
Date of Birth _____

Parent or Guardian _____
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 of Parent/Legal Guardian: _____
Date: _____