



PEAK JUNIOR TENNIS

SUMMER 2026

Starting June 16th

CLASSES AVAILABLE (Check the class)

- Tots** – Beginning (Ages 4–8) **Noon – 1:00 PM**
- Futures** – Beginning (Ages 9–11) **1:00 – 2:00 PM**
- Champs** – Beginning & Intermediate **Ages 12 & up)**
- High School** – Beginning & Intermediate **Noon – 1:30 PM**

PRICING (Per Week)

- 1 Hour Class** \$60 Members / \$80 Non-Members
- 1.5 Hour Class** \$90 Members / \$110 Non-Members
- Drop-In: 1 Hour** \$27.50 / **1.5 Hours** \$37.50

CAMP DATES (Check the weeks)

- | | | |
|--|--|--|
| <input type="checkbox"/> June 17 – 19 | <input type="checkbox"/> July 24 – 26 | <input type="checkbox"/> July 8 – 17 |
| <input type="checkbox"/> June 24 – 26 | <input type="checkbox"/> July 1 – 3 | <input type="checkbox"/> August 5 – 7 |
| <input type="checkbox"/> July 1 – 3 | <input type="checkbox"/> July 8 – 10 | <input type="checkbox"/> August 12 – 14 |
| <input type="checkbox"/> Total Amount Paid _____ | | |

WHY PEAK JUNIOR TENNIS?

- Skill-Based Instruction
- Age-Appropriate Classes
- Beginner & Intermediate Focus
- Fun, Active Summer Environment

SPOTS ARE LIMITED. SIGN UP EARLY!





PEAK JUNIOR TENNIS

SUMMER 2026

REGISTRATION FORM

Junior's Name: _____ **Date of Birth:** _____

Parent or Guardian _____

Phone _____

Address _____

Emergency Contact and Phone _____

Email _____

Method of Payment:

Member Account # _____

Cash _____

Check # _____ Credit Card _____ Exp. ____ / ____ CVC _____

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 any liability on the part of the Peak Health and Wellness Center or their respective trustees, beneficiaries, staff, officers, directors, shareholders and agents

Signature of Parent/Legal Guardian: _____ Date: _____

