Peak Jr. Tennis Program
Fall 2025 Registration

Sessions (Circle Session)

I. Sept.8th – Oct. 4th
II. Oct. 6th – Nov. 1st
III. Nov. 3rd – Dec. 6th
(Thanksgiving week is off for Session III)
IV. Dec. 8th – Dec. 20th
(Session IV is a two-week session ½ price)

Classes offered: (Check Classes)

Tots Ages 4-8 (Beginning)
__Monday 5-6 $80 M $110 Non
__Wednesday 5-6 $80 M $110 Non

Futures Ages 9-11 (Beg. / Int.)
__Tuesday 5-6 $80 M $110 Non
__Thursday 5-6 $80 M $110 Non
__Saturday 10:30-Noon $120 M $150 Non

Champs Ages 12 and up (able to rally)
__Tuesday 3:30-5 $120 M $150 Non
__Thursday 3:30-5 $120M $150 Non

Elite Juniors (Invite only)
__Monday 3:30-5 $120 M $150 Non
__Wednesday 3:30-5 $120 M $150 Non
__Friday 1–2:30pm $120 M $150 Non

Drop-in Rate for 1 class is $27.50 for 1 hour
$37.50 for 1.5 hours

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

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: _____