

2018 SPRING JR GROUP CLASSES

PEE WEE (3 1/2 - 5yrs)

FRIDAYS 2:30 - 3:00pm *30mins

SHINNING STARS (5 and up *at coaches discretion)

FRIDAYS 2:30 - 3:15pm *45mins

BEGINNER / EARLY INTERMEDIATE (6-12yrs)

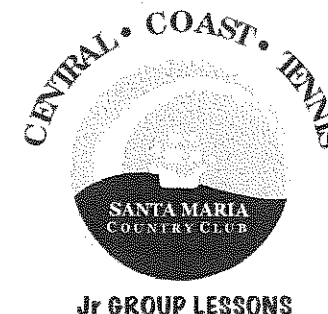
FRIDAYS 3:15 - 4:15pm *1hr

INTERMEDIATE (12-16yrs)

MONDAY and/or WEDNESDAY 4:00 - 5:30pm *90mins

ADVANCED JUNIORS (invitation only)

MONDAY and/or WEDNESDAY 4:00 - 5:30pm *90mins



SPRING SESSION DATES

7 WEEK SESSION-

SPRING SESSION: **Monday, March 5th - Friday, April 27th

**no classes the week of Spring Break (APRIL 2ND - 6TH)

MARK YOUR CALENDAR-

Pre-Summer Session Dates: May 7th - June 8th (5 Weeks)

Cost per 7 week SESSION:

	<u>SMCC MEMBER</u>	<u>GUESTS</u>
Pee wee (30 mins):	\$56	\$84
Shinning Stars (45 mins):	\$84	\$112
Beginner/Early Inter. (1hr <u>once</u> a week):	\$112	\$140
Intermed./Advanced (90mins <u>ONCE</u> a week):	\$154	\$196
Intermed./Advanced (90mins <u>TWICE</u> a week)	\$294	\$378

***Refunds & Make-up Policy:** Classes & times are subject to change. Please contact CCT before attending your first class. No refunds on sessions. Missed classes may be made up by attending another class during the current session, provided that the class is not full. 24 hour notice is required for all classes. All make-ups must be completed before the end of the session date. Rained out days will be credited towards future sessions.

****Payment must be paid at the start of the 7 week session in full**

PARENTS NAME: _____

CHILDS NAME & AGE: _____

CELL #: _____ EMAIL: _____

SCHOOL & GRADE: _____

SESSION 1(JAN-FEB): _____ SESSION 2(MARCH-APRIL): _____ BOTH SESSIONS: _____ TOTAL AMOUNT: _____

**PLEASE CHECK SESSION ATTENDING

(Payable to: Central Coast Tennis)

RELEASE OF LIABILITY: (MUST BE SIGNED): IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION FOR CENTRAL COAST TENNIS CLASSES, I HEREBY RELEASE & HOLD HARMLESS CENTRAL COAST TENNIS, ITS COACHES AND THE SANTA MARIA COUNTRY CLUB FOR ALL CLAIMS & DEMANDS OF EVERY KIND, NATURE & CHARACTER THAT I MAY ACQUIRE FOR ANY & ALL DAMAGES, LOSSES OR INJURIES THAT MAY BE SUFFERED OR SUSTAINED BY ME OR MY CHILD IN CONNECTION WITH TENNIS INSTRUCTION. I UNDERSTAND THAT ENGAGING IN TENNIS INSTRUCTION CAN RESULT IN A NUMBER OF POSSIBLE INJURIES OR MEDICAL ISSUES INCLUDING BUT NOT LIMITED TO PHYSICAL INJURIES CAUSED BY STEPPING ON LOOSE BALLS, BEING HIT BY A TENNIS BALL AND/OR RACQUET, PULLED MUSCLES, STRAINS AND CONDITIONS RESULTING FROM PHYSICAL EXERTION. I CERTIFY THAT I, OR MY CHILD, HAVE NO KNOWN MEDICAL CONDITIONS THAT MIGHT BE ADVERSELY AFFECTED BY PARTICIPATION IN THE CLINICS.

SIGNATURE _____ DATE _____

MAIL REGISTRATION FORM TO: Central Coast Tennis: 505 W. Waller Ln. Santa Maria, CA 93455

***FOR MORE DETAILS PLEASE CALL THE TENNIS PRO SHOP AT 937-3222**

*****THIS IS NOT A SCHOOL SPONSORED EVENT**