



**JUNIOR TENNIS CLINICS – MEMBER REGISTRATION**

We have Clinics for every age and level at The Claremont Club. Beginners learn basic techniques, hand-eye coordination and stroke work until they have mastered the fundamentals. Advanced students refine technique through match play and develop strategies. TCC is a safe environment that fosters healthy competition, discipline, and sportsmanship. Tennis Pro approval is required for Tournament Stars and Elite Clinics.

**Refund & Cancellation Policy:** Packages are non-refundable. We do not issue refunds or substitutions for missed days. If you have opted-in for automatic package renewal and wish to cancel, submit written cancellations to the Tennis Director, by the 25<sup>th</sup> of the month. We reserve the right to change the schedule at any time.

**Package Billing:** Packages are valid for one month. They start on the first of the month and expire at the end of the month. The amount shown below in the Total Monthly Billed section will be added to your monthly statement. The credit card on file will be charged on the first of the month when the EFT is run.

---

**TO REGISTER, SUBMIT COMPLETED FORM TO [TENNIS@CLAREMONTCLUB.COM](mailto:TENNIS@CLAREMONTCLUB.COM)**

Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Please select the package(s) you would like to purchase. Effective Date (1<sup>st</sup> of the month): \_\_\_\_\_

- Future Stars 1x/Week (Age 4-7)..... \$55     Future Stars 2x/Week (Age 4-7)..... \$110
- Future Stars Plus 1x/Week (Age 5.5-7)....\$110     Future Stars Plus 2x/Week (Age 5.5-7).....\$165
- Rising Stars 1x/Week (Age 7.5-13).....\$110     Rising Stars 2x/Week (Age 7.5-13).....\$165
- Tournament Stars 1x/Week (Age 7.5-14)..\$165     Tournament Stars 2x/Week (Age 7.5-14)...\$270
- Elite 1x/Week (Age 9-18)..... \$170     Elite 2x/Week (Age 9-18).....\$270

Check this box, if you would like to automatically renew the monthly packages selected above.

**Total Monthly Billed: \$** \_\_\_\_\_.

---

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

In case of an accident or emergency, I authorize a guardian or EMT to take my child to the nearest emergency hospital for such emergency treatment and measures that are deemed necessary for the safety and protection of the child at my expense.

---

**Parent/Guardian Signature**

---

**Date**