



INDOOR JUNIOR PROGRAM • 2017

SESSION 4: FEB 6 - APRIL 23, 2017 (10 WEEKS)

Open registration begins for Session 4: January 23, 2017
 Registration period for member discount: January 23 - First day of class
 Open registration begins for Session 5: April 10, 2017
Session 5 begins: April 24, 2017
No Classes April 1-9

PLAYER DEVELOPMENT

The **Player Development Program** is for players that are in early-mid stages of development. Goals are to develop a love of tennis, coordination, balance, athletic ability, and stroke technique.

Monday	4:30-5:30pm	ages 5-11	\$120/player	(off 4/1-9)
Wednesday	4:30-5:30pm	ages 5-11	\$120/player	(off 4/1-9)
Friday	4:30-5:30pm	ages 5-11	\$120/player	(off 4/1-9)
Saturday	11-12pm	ages 5-11	\$108/player	(off 4/1-9)
Any 3 days	Option	ages 5-11	15% discount	

EXCEL PROGRAM

Our **Excel Program** is for ages 11-14 that may have some experience playing on a middle school team or in a tournament, gone through our Player Development Program, or had several years of previous group and private instruction. We recommend a player joining this group with little experience supplement the group with a series of private lessons to speed up their learning curve. Membership recommended.

Tuesday	5-6:30pm	ages 11-14	\$210/member	\$240/non member	(off 4/1-9)
Thursday	5-6:30pm	ages 11-14	\$210/member	\$240/non member	(off 4/1-9)
Saturday	12-1:30pm	ages 11-14	\$189/member	\$216/non member	(off 4/1-9)
Tues, Thurs, Sat	Option	ages 11-14	15% discount	Not available to non members	

Excel Play & Pizza Days: 2/24, 3/10, 3/24 4/21, 5:30-7:30pm \$10/member \$15/non member

COMPETITIVE PROGRAM

Lastly, the **Competitive Program** is for high school age players (including incoming freshman). Equal emphasis of training is placed on singles and doubles with players divided by ability and experience for each class. The goal in this group is to prepare athletes for competition, from high school level to the national level of tournament play.

Monday	5:30-7:30pm	\$320/mbr	\$360/non mbr	
Wednesday	5:30-7:30pm	\$320/mbr	\$360/non mbr	
Thursday**	6:30-8:30pm	\$320/mbr	\$360/non mbr	
Sun. Open Gym	2-4pm	*Free/mbr	\$15/non mbr/time	

Girls HS Players (5 weeks) end 3/9

\$160/mbr	\$180/non mbr
\$160/mbr	\$180/non mbr
\$160/mbr	\$180/non mbr

*Must be enrolled in current session. Dates for Open Gym 2/12, 2/26, 3/12, 4/23. **Director approval needed to register for this day.

REGISTRATION PROCESS

- Parents must fill out a registration form and have a signed waiver on file when signing up for a class.
- Payment for the session must be paid in full at time of registration – no exceptions. Players may charge a class to a house account but will need to have a credit card on file in order to do so.
- Members have the opportunity to register during a period prior to each session and receive a 10% discount upon doing so.
- Pro rating a session will be made when a player joins a Session already in progress. No other pro rating will be allowed and any make ups for missed classes must be pre-approved by the Director for that particular class on a case by case basis.
- Class must have a minimum of four players to start.
- Sibling discount of 5% per additional child.

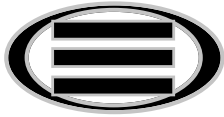
Please send registration to
Eastlake Athletic Club
3400 Henke Street, Elkhart, IN 46514
Fax to (574) 264-9752 OR
Email ZachA@EastlakeClubs.com

Payment due with registration!

For registration questions call the front desk at 574-264-0611

Member only option: register and pre-pay for session and receive a 10% discount!

Register on the back of this form!



PARTICIPANT LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that by registering and participating in this program(s), or by registering your minor child/ward for participating in this program(s) you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries that you or your child/ward may sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend Eastlake Athletic Club and all of the employees and agents of Eastlake Athletic Club for any claims arising out of the participation in said programs.

RISK OF INJURY

"As a participant in the programs of Eastlake Athletic Club, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries including death, damages or loss which I may sustain as a result of participating in any and all activities or programs of Eastlake Athletic Club."

WAIVER OF INJURY CLAIMS

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities and programs of Eastlake Athletic Club."

RELEASE FROM LIABILITY

"I do hereby fully release and discharge Eastlake Athletic Club, The town of Elkhart, Concord community schools and its officers, agents, sponsors and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur."

INDEMNITY AND DEFENSE

"I agree to Indemnify, hold harmless and defend Eastlake Athletic Club and its officers, agents, and employees from any and all claims from injuries including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associate with the activities and programs of Eastlake Athletic Club. In the event of an emergency, I authorize Eastlake Athletic Club to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary or my minor child's immediate care and agree that I will be responsible for payment of any and all medial services rendered. I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement."

Parent Name(s)

Date

Address (Street/City/ST/Zip)

Primary Phone

Secondary Phone

Will receive text Y/N

Email Address

Level: Player Development/Excel/Competitive **(circle one)**

Emergency Contact Phone

Session 4

Participant Name	Date of Birth	Gender	Class	Day(s)	Fee
					Total
					\$

I have read and agreed with the terms and conditions on the liability waiver

Signature Required

Medical Concerns (please list any limitations, allergies, medications, or additional conditions which may affect participation)

The Applicant, by completing and submitting this form to Eastlake Athletic Clubs, acknowledges, accepts and authorizes email marketing to the Applicant from Eastlake Athletic Clubs. The Applicant may revoke acceptance by sending written notification to admin@eastlakeclubs.com.

Payment Information

House Charge Check Enclosed

Credit Card #

Exp. Date Authorized Signature

Registration may be mailed, faxed or delivered w/ payment

*Please ensure the completions of this form and that the liability waiver is signed. We hope you enjoy your Eastlake experience!