



ADULT PROGRAMS

2024 SUMMER SEASON



USTA Team Practice Program - \$825 per person

	<u>Day</u>	<u>Level</u>	<u>Time</u>	<u>Start Date</u>	<u>End Date</u>
Daytime	Wednesday	3.5 Women	9:30-11:30am	May 15	July 31
	Thursday*	3.0 Women	9:30-11:30am	May 16	Aug 8
Evening	Monday*	2.5 Women	6:00-8:00pm	May 20	Aug 12
	Monday*	3.5 Women	6:00-8:00pm	May 20	Aug 12
	Tuesday	3.0 Women	6:00-8:00pm	May 14	July 30
	Tuesday	3.5 Men	7:00-9:00pm	May 14	July 30
	Tuesday	4.0 Men	7:00-9:00pm	May 14	July 30

*No practice on Monday, May 27 and Thursday, July 4

Program Details

- 12 Weeks of Instruction / Strategy Practice
- 1.5 Hr. Drills / .5 Hr. Match Play
- WRC assigned coach to each team
- Coach in attendance at 2 home matches
- New balls provided for home matches

USTA Practice Program Perks

- 20% Discount on Private / Semi-private Lessons for USTA Practice players and their families through Aug 31, 2024
- Complimentary same day walk-on Indoor / Outdoor court time

*Full Share registration only (no sharing of placements). Membership required.

Weston Racquet Club – Great Tennis, Great Teaching!



ADULT PROGRAMS
USTA Team Practice Program
2024 SUMMER SEASON

Adult and Junior Program Registration Form

Name _____ Birthdate (juniors only) _____ E-mail _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (Cell) _____

PAYMENT IS DUE AT TIME OF REGISTRATION – PLEASE SEE THE FRONT DESK

Select Program

Membership : Junior < 18 _____ **Adult** _____ Senior >65 _____ Couple _____ Family _____

League Play: Women's _____ Day _____ Time _____

Women's / Men's Team Program: Day _____ Time _____

Seasonal Lesson: Day _____ Time _____ **Clinic Lesson:** Day _____ Time _____

USTA Match _____ **Adult** _____ **Junior** _____ **Party** _____ **Cardio/ Point** _____ **Evaluation** _____

USTA Summer _____ **Team** _____ **Day** _____ **Level** _____

WAIVER

I, as the participant and or as the legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by reason or in connection with my or his/her participation in any club program or activity; and I hereby release and discharge Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct of Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties. Waiver: I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ **Relationship (if signing for minor)** _____ **Date:** _____