



Spring 2024

(6 weeks)

May 14, 2024, through June 22, 2024 (no class May 27th)

Kids learn *faster* when they play more! Register for two clinics and SAVE \$\$\$!

Private Lesson Special for all juniors enrolled in spring semester-buy 5 lessons and get the 6th FREE

Contact Mirka at mrivas@westonracquet.com for more information.

Tennis Whizz (Ages 3 – 4)

Monday 4:30-5:15

Tuesday, Thursday 3:00-3:45

Tuesday, Thursday 4:00-4:45

Basic motor skills, movement, coordination, and fun.

Red Ball (Ages 5 – 8)

Monday 4:30-5:30

Tuesday -Friday 4:00-5:00

Tuesday, Thursday 3:00-4:00

Wednesday 5:00-6:00

Basic strokes, rallying, and love for the game on 36 ft court.

**Tennis Whizz clinics are 45 minutes in duration and start at designated times*

Orange Ball (Ages 9 – 10)

Monday - Friday 4:00-5:00

Monday, Wednesday 5:00-6:00

Learn to serve, rally, play, and score on 60 ft court.

Team Orange (For advanced Orange Ball players)

Tuesday, Wednesday 4:30-6:00

Green Ball (Ages 10 – 12)

Monday - Friday 4:00-5:00

Tuesday, Wednesday 6:00-7:00

Saturday 11:00-12:00

Improving strokes & tactical play on a 78 ft court.

Team Green (For advanced Green Ball players)

Monday 5:30-7:00

Thursday 5:00-6:30

Wednesday 4:00-5:30

All IGNiTE Players Enjoy:

● **Complementary** Weekly Practice & Play Session

● **Complementary** Same Day Walk-on Court Use

Program Pricing

Program	Cost 1/week	Cost 2/week
Sparks	\$290	\$540
Red/Orange/Green	\$390	\$725
Green Advanced	\$585	\$1090

- Monday classes pro-rated for 4 weeks
- Sibling Discount of 5% off the lower tuition

Weekly Practice & Play Schedule

Tentative Schedule

Clinic	Day	Time
Red Ball	Friday	5:00-6:00pm
Orange Ball	Friday	5:00-6:00pm
Green Ball	Friday	5:00-6:00pm Or 6:00-7:00pm

Weston Racquet Club – Great Tennis, Great Teaching!

405 Newtown Turnpike, Weston, CT 06883 | 203-226-3349 | www.westonracquet.com



Participant's Name: _____ DOB: _____

School: _____ Grade: _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Circle Program - Indicate Day/Time Requested

Tennis Whizz: Day(s) _____ Time _____ **Red Ball:** Day(s) _____ Time _____

Orange Ball : Day(s) _____ Time _____ **Green Ball :** Day(s) _____ Time _____

Tuition Payment

Check: _____ Cash: _____ Credit Card: _____ Amex _____ Visa _____ MasterCard _____

Card #: _____ Name on Card: _____

Amount: _____ Expiration Date: _____ CVV: _____ Cardholder Signature: _____

Payment / Refund Policies

PAYMENT IS DUE AT TIME OF REGISTRATION

Refund/ Credit - If a player discontinues participation after the season/session begins; an in-house credit will be provided for the remainder of classes less any cancellation fees. This credit may be applied toward any family future purchases at Weston racquet Club. Refunds will be issued only if the player moves more than 50 miles from their current residency or an injury prevents the player from participating for the remainder of the season. Documentation will be required prior to refund consideration. All refunds/credits after three weeks of a players' start date will be subject to a \$150 cancellation fee.

Make-ups – Weston Racquet Club does not guarantee make-up sessions or provide credit for sessions missed. Players may make up two missed sessions per class purchased. All junior make-up sessions must be approved, scheduled through our Tennis Program Director, and completed prior to the end of the season in which they occur.

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:** _____

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