



# PRIVATE LESSONS / CLINICS

2024-25 INDOOR SEASON



## 34-WEEK SEASON

Tuesday, September 3, 2024 through Thursday May 8, 2025  
(Excludes Thanksgiving, 11/28, and holiday week 12/24/24 through 1/1/25)

Lesson Type (Per Player)		Senior Professional	Professional
Private Lessons	1/2 Hour	\$83	\$78
	1 Hour	\$145	\$135
	Season (34wks/1 hr.)	\$4,590	\$4,250
Semi-private Lessons	1/2 Hour	\$51	\$48
	1 Hour	\$83	\$78
	Season (34wks/1 hr.)	\$2,652	\$2,482

Private Clinic (Per Player)	Senior Professional	Professional
Season (34wks/1 hr.)	\$1,836	\$1,700
Season (34wks/1.5 hr.)	\$2,754	\$2,550

Per Player price assumes four players.  
The total price for the clinic is calculated by multiplying the per player price by four

### MEMBERSHIP DUES (9/1/24 - 8/31/25)

Individual	\$125
Junior (under 18)	\$ 40
Senior (over 65)	\$ 75
Couple	\$180
Family	\$260

### HOLIDAY CLOSINGS

(No season program play - 12/24/24- 1/1/25)

Labor Day	Monday	9/02/24
Thanksgiving	Thursday	11/28/24
Christmas Eve	Tuesday	12/24/24
Christmas	Wednesday	12/25/24
New Year's Eve	Tuesday	12/31/24
New Year's Day	Wednesday	1/01/25

DEPOSIT (\$500 for 1 hr. or \$750 for 1.5 hr.) or FULL PAYMENT (including deposit-equivalent), **LESS 10%**, must accompany application by February 28, 2024. *Note: Payments, including a deposit-equivalent, are refundable until 6/1/24. After 6/1/24, deposits or deposit-equivalents are forfeited and non-transferable to other programs.*

*Weston Racquet Club – Great Tennis, Great Teaching!*

405 Newtown Turnpike, Weston, CT 06883 | [www.westonracquet.com](http://www.westonracquet.com) | 203.226.3349



**2024-25 Program Registration Form**

Captain/Individual Name:

Address:

City, State, Zip

Phone (H)

Phone (M)

(W)

Email:

To secure your tennis reservation, please include one of the following: **Deposit of \$500 per hour / \$750 per one and one-half hour or Early Registration 10% Discounted Total Payment (available only through February 28, 2024).**

**Seasonal Court Commitment**

Day	Time		Deposit/Total Due 2/28/24 (Balance Due 8/15/24)
		34 Weeks (\$500 (1 hr) (\$750.00 1.5 hr)	

**Instructional Programs**

Day	Time	Pro		Deposit/Total Due 2/28/24 (Balance Due 8/15/24)
			Clinic Instruction (34 wks.) (\$500 (1 hr) (\$750.00 1.5 hr)	
			Seasonal Private Lesson (34 wks.) (\$500 (1 hr) (\$750.00 1.5 hr)	

**Deposit Information**

**Acceptable forms of payment: Credit Cards, Checks or Cash. Deposit payments are refundable until June 1<sup>st</sup>, 2024. After June 1<sup>st</sup>, deposits (or deposit-equivalents) are forfeited and non-transferable to other programs.**

Player Name	Check#/ Credit Card #	CC Exp.	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>Total Payment</b>			\$

**Court Roster on back must be completed.**

**Please print neatly.**

<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:
<b>Name:</b>	<b>Name:</b>
Address:	Address:
City, ST, ZIP	City, ST, ZIP
Phone (H)	Phone (H)
Phone (M)	Phone (M)
Email:	Email:

### 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_