

# T U C K E R T E N N I S

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## Pee Wee Program

The **Pee Wee Program** is for the players **ages 4-5** (or under 4 years old by approval only). Students will learn the basics of tennis in the Pee Wee Class. The use of specially designed equipment along with professional instruction will assure a positive, and most importantly, fun experience. The class aims to improve overall hand-eye coordination and introductory tennis skills. Your child will love it even more with a friend!

- Session 1: August 15<sup>th</sup> – September 25<sup>th</sup>
  - Session 2: September 26<sup>th</sup> – November 6<sup>th</sup>
  - Session 3: November 7<sup>th</sup> – December 18<sup>th</sup>
  - Session 4: January 2<sup>nd</sup> – February 12<sup>th</sup>
  - Session 5: February 13<sup>th</sup> – April 2<sup>nd</sup>
  - Session 6: April 3<sup>rd</sup> – May 14<sup>th</sup>
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### Class Schedule

- Tuesday: 3:45 – 4:30 pm
- Thursday: 3:45 – 4:30 pm
- Saturday: 9:00 – 9:45 am

**Program Director: Ellie Bailey**

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### Pricing (*plus sales tax*)

**Please select from the following:**

#### Member Rates:

- \_\_\_\_\_ 1 day/week (6 weeks) \$72
- \_\_\_\_\_ 2 days/week (6 weeks) \$120
- \_\_\_\_\_ 3 days/week (6 weeks) \$145

#### Non-Member Rates:

Non-Members add \$10 to member rate  
Drop-in: \$25 per class

#### Member Drop-In:

\$15 per class

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## Registration

Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Email: \_\_\_\_\_

### **Full payment must accompany registration form.**

Cash or check amount \$ \_\_\_\_\_ Charge my RH91 Account: \_\_\_\_\_

Credit Card Issuer/Exp Date: \_\_\_\_\_ Card #: \_\_\_\_\_

*Participation in TTA qualifies the player for a Junior Membership @ \$40 per month. Please see Membership for details.*

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## Liability/Consent

I understand and voluntarily assume the risks and hazards inherent in athletic, fitness and tennis activities. In consideration of my child (children), guests or invitees waive, release, forever discharge and agree to indemnify and hold harmless RH91, its ownership, employees, contract labor, agents and all staff from any and all rights, claims and liabilities whatsoever which I/we may have against them for losses, injuries and damages arising out of my child's (children's) participation in or presence at RH91 or at any event off-premises by me/my child (children) or our guests or invitees even if we are aware of the possibility of such losses, injuries, or damages. The forgoing release shall be binding on my/our personal representative(s), heirs and executor and shall survive expiration, revocation, suspension or other termination or lapse of relationship between the parties.

\_\_\_\_\_  
Date

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

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## Photo Release

I hereby grant Racquet and Health 91 (RH91) and/or Tucker Tennis Academy (TTA) permission to use my likeness in a photograph, video or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become property of RH91/TTA and will not be returned. I hereby irrevocably authorize RH91/TTA to edit, alter, copy, exhibit, publish or distribute these photos for lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge Racquet and Health 91 and Tucker Tennis Academy from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

\_\_\_\_\_  
Date

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

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