

Minnetonka Tennis Club

2017-2018 Junior Tennis Program Registration Form (Session 1 only)

Session 2 - 5 registrations will be conducted on line

Player Name: _____ Date of Birth: _____

Parent/Guardian Name(s) _____,

Parent/Guardian Cell Phone _____,

Address: _____

City: _____ Zip code _____

Email: _____ Emergency Contact: _____

Emergency Contact Phone: _____ Preferred Hospital _____

Member Class Fees

	2 hr	90 min	60 min	45 min
5 week	\$192	\$150	\$100	\$71
6 week	\$240	\$180	\$120	\$85
7 week	\$280	\$210	\$140	\$99

Non-Member Class Fees

	2 hr	90 min	60 min	45 min
5 week	\$263	\$196	\$121	\$83
6 week	\$315	\$235	145	\$100
7 week	\$368	\$274	\$169	\$117

CLASS Session Number

TOURNAMENT PLAYER GRP	1
Mon 4:00 - 6:00 pm	
Wed 4:00 - 6:00 pm	
Sun 7:00 - 9:00 pm	
BOYS VARSITY INV	1
Sat 4:00 - 6:00 pm	
GIRLS ADVANCED/ ADV INV	1
Sat 10:00 - 12:00 pm	N/A
INVITATIONAL	1
Mon 4:00 - 6:00 pm (2hr)	
Tues 5:30 - 7:00 pm	
Wed 4:00 - 6:00 pm (2hr)	
Sun 5:30 - 7:00 pm	
ADVANCED	1
Mon 6:00 - 7:30 pm	
Tue 7:00 - 8:30 pm	
Wed 7:30 - 9:00 pm	
Thur 7:30 - 9:00 pm	
Sun 4:00 - 5:30 pm	
ADV INTERMEDIATE	1
Wed 6:00 - 7:30 pm	
Thurs 6:00 - 7:30 pm	
Sat 2:30 - 4:00 pm	
Sun 2:30 - 4:00 pm	
INTERMEDIATE	1
Tues 4:00 - 5:30 pm	
Fri 4:30 - 6:00 pm	
Sat 1:00 - 2:30 pm	
Sun 1:00 - 2:30 pm	

CLASS Session Number

BEG INTERMEDIATE	1
Tues 4:00 - 5:30 pm	
Fri 4:30 - 6:00 pm	
Sat 1:00 - 2:30 pm	
Sun 1:00 - 2:30 pm	
TEEN BEGINNER	1
Fri 6:00 - 7:30 pm	
Sun 11:30 - 1:00 pm	
ADV BEGINNER	1
Thur 5:00 - 6:00 pm	
Fri 3:30 - 4:30 pm	
Fri 6:00 - 7:00 pm	
Sat 12:00 - 1:00 pm	
Sun 12:00 - 1:00 pm	
BEGINNER	1
Thur 5:00 - 6:00 pm	
Fri 3:30 - 4:30 pm	
Fri 6:00 - 7:00 pm	
Sat 12:00 - 1:00 pm	
Sun 12:00 - 1:00 pm	
ADV TINY STARS	1
Thurs 4:15-5:00 pm	
Sun 11:15-12:00 pm	
TINY STARS	1
Thurs 4:15-5:00 pm	
Sun 11:15-12:00 pm	

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CLASS MAKE-UP POLICY:

Only MTC MEMBERS in the TPG, Invitational, Advanced, Advanced Intermediate and the Boy's and Girl's Varsity groups are eligible to make-up a missed class. To be eligible for a make-up class a minimum 24 hour notice of absence must be given. Due to limited capacity and demand, make-ups will not be granted in the lower 7 levels. **NO EXCEPTIONS.**

CANCELLATION POLICY: Classes with insufficient enrollment will be cancelled and payment will be refunded. Due to the high demand of the junior program, **REFUNDS** will only be issued if a student provides a physician's statement stating the student must discontinue in the tennis program with date of injury and period of recommended rest by the physician.

I understand the make-up AND cancellation policy as stated above. _____

This registration form is for Session 1 ONLY. Registration for future sessions will be done on line. The next registration period opens on the following dates:

Members: Sept 20 Non-Member Participants in the last 12 months: Oct 4 New: Oct 11

You must **RE-REGISTER** your child for **EACH SESSION** unless you are a member and have pre-registered for future sessions. Registering your child in one session, does **NOT** guarantee your child a spot in the following session. See the Junior Tennis Program 2017 Information Sheet for registration dates for each session.

VERY IMPORTANT: Please assist us in handling any medical situation that may **arise** by including all health information specific to your child. This information should also include information about attention deficit disorder, special learning situations, asthma and any other conditions. This information will allow the teaching staff to manage the class to the best of his or her ability. The information will be shared **ONLY** with our teaching staff.

***Permission & Waiver**

I hereby agree to allow my child(ren) to participate in the Minnetonka Junior Tennis Program. In consideration of accepting this registration, I waive any and all rights and claims for damages and all injuries from whatever cause suffered by the participant(s) in all activity on the premises.

Parent/Guardian Signature: _____ *Date: _____

For Office Use Only

***PAYMENT FOR ALL CLASSES IS DUE AT TIME OF REGISTRATION**

Pymt Type: Ck _____ Cash _____ Credit Card _____ Mem Chg _____ Pmt Date: _____ Registered By: _____