

WAIVER OF CLAIMS

On behalf of myself and the minor guest(s) of which I am the parent or guardian, I acknowledge that attendance at, use of or participation in CHFBC facilities, pools, activities or equipment could be dangerous and cause injury, including death, and is undertaken at the individuals own risk. On behalf of myself, the minor guest(s) I am the parent or guardian of, and my/our heirs, executors and assigns, I fully waive, release and forever discharge Centegra Health Bridge Corporation, Centegra Health Fitness Center, LLC, and their respective affiliates, parents, subsidiaries, officers, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action and causes of action, known or unknown, anticipated or unanticipated, arising out of or relating to attendance at, use of or participation in CHFBC facilities, pools, activities or equipment. My signature below verifies that I have read, understand and agreed to this waiver and release of any and all liability.

Refunds: Approved medical credits will be issued only for verifiable medical conditions/injuries and must be accompanied by a doctor's note explaining the nature and restriction of the condition/injury. Approved credits for medical reasons will be issued for a prorated amount based on the remaining number of sessions for that program. No refund/credit will be processed until the manager of the program area has approved the request.

Cancellation Policy: Centegra Health Bridge Fitness Center reserves the right to cancel in advance and refund the registration if there is insufficient enrollment.

PAYMENT FOR ADDITIONAL DAYS

I authorize Centegra Health Bridge Fitness Center to charge my account or credit card the appropriate fees in the event that my child attends more days than they are enrolled.

Parent or Guardian Signature

Please bring the completed form to the tennis desk to complete registration.

Centegra Health Bridge Fitness Center
10450 Algonquin Road
Huntley, IL 60142

847-802-7021
healthbridgefitness.com

JUNIOR TENNIS ACADEMY

JUNE 18–AUGUST 9, 2018

 **Centegra
Health Bridge**
Fitness Center
ALWAYS LOOKING AHEAD™

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TN90104B

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The Junior Tennis Academy at Centegra Health Bridge Fitness Center-Huntley is for children ages 6 to 18. Participants will be placed in groups based on age and skill level.

PROGRAM LEVELS

If your child received an invitation letter, please indicate which class level that they were invited to attend. We will use current class levels to ensure that students are placed in the correct groups. Your child will have the opportunity to play with a variety of other tennis players.

ACTIVITY SCHEDULE

ORANGE & GREEN ELITE

Wednesday
Orange: 1-2:30pm | Green: 2:30-4pm

20 minutes	Agility and coordination
40 minutes	Theme of the day
30 minutes	Point play

BRONZE, SILVER & GOLD/COMP ELITE

Monday, Tuesday and Thursday
Bronze: 11am-1:30pm | Silver: 4:30-7pm
Gold/Competition: 1:30-4pm

30 minutes	Warm-up and conditioning
One hour	Daily theme and competitive drills
One hour	Match play and competitive analysis

PACKAGE RATES

	ORANGE & GREEN ELITE	BRONZE, SILVER & GOLD/COMP ELITE
Unlimited	\$140	\$698
16-Day	N/A	\$544
8-Day	N/A	\$320
Daily	\$26	\$45

Please note: there are 24 possible dates to choose from for the Bronze, Silver and Gold/Comp Elite levels and 7 possible dates for the Orange and Green Elite levels.

SIGN-UP POLICY

Each child must have their own registration form and lesson package. Siblings may not share packages. Participants select the specific dates they would like to attend on the registration form.

Subsequent day purchases are unique and cannot be added to previous packages. Register for an unlimited package to receive the best price per day.

DATE CHANGES

Days may not be canceled, but may be rescheduled. All rescheduling requests must be done at least one day in advance by emailing the changes to: kpudlo@healthbridgefitness.com.

If you have questions about the Junior Tennis Academy, contact Kathleen Pudlo at 847-802-7014 or kpudlo@healthbridgefitness.com.

ACADEMY COORDINATORS

Connor Greenwald
John O'Neill
Kathleen Pudlo, USPTA
Art Steuber



REGISTRATION

Name _____

Address _____

City & ZIP Code _____

Age _____ Gender _____

Phone _____

Email Address *(all rescheduling will be done via email)* _____

Emergency Contact Name _____ Phone _____

Please sign my child up for these dates (circle all that apply):

JUNE				JULY				AUGUST			
M	T	W	TH	M	T	W	TH	M	T	W	TH
18	19	20	21	2	3		5			1	2
25	26	27	28	9	10	11	12	6	7	8	9
				16	17	18	19				
				23	24	25	26				
				30	31						

Camp Level _____

Number of Days _____ Total Price _____

PAYMENT METHOD *(please select one)*

Member Account: _____

Check #: _____
(Please make check payable to Centegra Health Bridge)

Credit Card: *Visa Mastercard AMEX Discover*

Credit Card Number _____ Exp. Date _____

Cardholder Name _____

Cardholder Signature _____

I agree to the terms of service.

Parent or Guardian Signature _____