

West Austin Athletic Club Tennis School Year 2011-2012

Come learn/improve your tennis skills and game strategies with Coach Sarah Pernell. Coach Sarah's classes and team practices are fast paced with lots of games and drills that teach and improve tennis skills. All abilities welcome!!



Beginner Tennis Classes Cost \$125 per session

MW 3:45-4:30 4-8 years old

MW 4:30-5:15 9 & older

Sessions:

(1) Aug. 29 - Oct. 19

(2) Oct. 24 - Dec. 14

(3) Jan. 16 - Mar. 7

(4) Mar. 29 - May 9

WAAC Warriors Tennis Team



MW 5:15-6:30 Sat TBA Games TBA

(1) Aug. 29 - Dec. 14 \$210 + \$40 Team Fee (Once a Year) + \$50 WAAC Fee for non-members (Once a Semester)

(2) Jan. 16 - May 23 \$280 + \$40 Team Fee (if not paid in fall) + \$50 (WAAC Fee for non-members)

There will be additional fees for tournaments and organization fees

Classes must have at least 5 players or they may be combined.

Semi-Private and Private Lessons: \$50/hour (semi is \$25/person). Register for 4 at a time for \$160 (WAAC members receive a 10% discount on tennis class costs)



Call Coach Sarah 466-6545 for more information!

Player's Name _____ Birthdate _____

Parents' Names _____ Email _____

Address _____ Zip _____

Phone numbers _____ WAAC member: yes no

Beginner Tennis Classes : Circle Session(s) and Class: Session 1, 2, 3, 4 Class 4-8 9 & older

Team Tennis: Circle Session: 1 2

Tennis Lessons: Semi-Private or Private Circle which is better morning or afternoon

Payment: Member charge Check/Cash Credit Card (use Google checkout at www.wfly.com)

Payment is due at the time of registration and is non-refundable.

Medical Information & Parental Consent:

I, the minor's parent and/or legal guardian, understand the nature of fitness activities at West Austin Athletic Club, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim. I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included below or on an attached sheet is information about my child's medical history and emergency contacts.

Parent's Signature & Date: _____

Doctor to call in emergency: _____

Please list on another sheet any medical information that the staff should know including allergies, medications, disorders, seizures, asthma, anything you think is important to help your child be successful at WAAC activities.