## **ORANGE GROUP** AGES 8-11 WSRC Winter Session 2025 (5 Weeks) / January 13<sup>th</sup> – February 12<sup>th</sup>

| Orange Group (ages 8-11)   |  | <u>Cost</u>                            |
|--|--|--|
|  | Monda  | y (4 Classes)*                         |
| <b>Monday</b> * 4:00 - 5:00  | Member \$ 91   |  |
|  | Non-Member \$ 119  |  |
| <b>Wednesday</b> 4:00 - 5:00   | <u>Wednesday (5 Classes)</u>   |  |
| * No Clinic Monday, Jan 20 <sup>th</sup> MLK Holiday*  | Member \$ 113  |  |
|  | Non-Member \$ 148  |  |
|  |  | ······································ |
| PLAYER INFORMATION   |  |  |
| Check one: Member Non-member   | Age: DOB:  |  |
| Name:  | Playing Hand:  | Right Left                             |
|  |  | 0                                      |
| Name of Parent(s):   |  |  |
| Addresse   | <b>Cit</b> y,  | 7:                                     |
| Address:   | City:  | 2ip:                                   |
| Phone: Home Cell   |  |  |
|  |  |  |
| Email:   |  |  |
| Please submit this completed form to the WSRC office by <u>January 2<sup>nd</sup> t</u> o reserve a space. If you are enrolled currently, you can email <u>jonathanparks@wsrc.us</u> to confirm you will be continuing clinics. Payment required at time of registration by Zelle to mail@wsrc.us or by check to WSRC.   |  |  |
|  | and all reasonability for  | r aggidanta ar laggag ingurrad         |
| Waiver: In attending WSRC tennis clinics, I hereby release WSRC from any and all responsibility for accidents or losses incurred at Weddington Swim & Racquet Club.  |  |  |
| Parent/Guardian signature required:  | Date:  |  |
| Photo Release: I grant Weddington Swim and Racquet Club, its representatives, and employees permission to take photographs   |  |  |
| of my child during tennis events for WSRC related media.<br>I agree that WSRC may use such photographs with or without my child's name for any lawful purpose, including publicity,  |  |  |
| advertising, web content, and social media.  |  | e, moleculy,                           |
| Parent/Guardian signature:   | Date:  |  |
| Submission by email confirms consent of the above waiver.  |  |  |
| <ul> <li>Make-up Policy: No refunds or credits will be given for days missed due up in the current session if space is available on a different day. Rainouts only be granted for prolonged illness or injury.</li> <li>Weather Conditions: In the event of inclement weather, please check we class. If class is cancelled, credit will be issued in the next session.</li> <li>Late Payment: All clinic fees not paid on the 1<sup>st</sup> day of the session will include the session will be session will be session will include the session will be session will include the session will be session will be session will include the session will be set the session will be session</li></ul> | s will be carried over into th<br><u>ww.wsrc.us</u> for updated clin | ne next session. Credits will          |
| For more information: <u>www.wsrc.us</u>   |  | DING                                   |
|  |  | APDDING 7                              |
| jonathanparks@wsrc.us  |  | (EST. 1980)                            |
| Class Size Limited to 16   |  | THE RACOUST CO                         |