



# Gonzo Tennis Academy



SPRING- 2024 -Dates: APRIL 8<sup>TH</sup>- MAY 18<sup>TH</sup>, 2024

## 6 WEEK- SESSION

Class:	Day/time Classes are Held:			LAC Member Price	Non-Member Price
<b>TINY Gonzos</b> (Ages 5,6 & 7)	<b>TUESDAY</b> 4:15-5:00pm Dates: 4/9-5/14		<b>SATURDAY</b> 9:45-10:30am Dates: 4/13-5/18	\$82 for 1 day per week T/SAT	\$108 for 1 day per week T/SAT
<b>MIGHTY Gonzos</b> (Ages 8,9 & 10)	<b>TUESDAY</b> 5:00-6:00pm Dates: 4/9-5/14		<b>SATURDAY</b> 10:30-11:30am Dates: 4/13-5/18	\$108 for 1 day per week T/SAT	\$144 for 1 day per week T/SAT
<b>JR Beginners</b> (Ages 11 to 16)	<b>MONDAY</b> 4:00- 5:00pm Dates: 4/8-5/13	<b>WEDNESDAY</b> 4:00- 5:00pm Dates: 4/10-5/15		\$108 for 1 day per week M/W	\$144 for 1 day per week M/W
<b>JR Intermediates</b> (Ages 11 to 16)	<b>MONDAY</b> 4:00- 5:00pm Dates: 4/8-5/13	<b>WEDNESDAY</b> 5:00- 6:00pm Dates: 4/10-5/15	<b>FRIDAY</b> 4:30- 5:30pm Dates: 4/12-5/17	\$108 for 1 day per week M/W/F	\$144 for 1 day per week M/W/F
<b>ALL CLASSES HELD AT THE LONGMONT ATHLETIC CLUB AT 10 MOUNTAIN VIEW AVENUE, LONGMONT, CO.</b>					
<b>Team Gonzo Tennis</b> (TGT) 12'S & Under- Evaluation Required	<b>MONDAY</b> 5:00-6:30pm Dates: 4/8-5/13	<b>THURSDAY</b> 4:00-5:30pm Dates: 4/11-5/16		<b>TEAM GONZO TENNIS RATES:</b>  <b>1X WEEK- \$190 MEMBER</b> <b>\$228 NON-MEMBER</b>  <b>2X WEEK \$330 MEMBER</b> <b>\$396 NON-MEMBER</b>  <b>3X WEEK \$440 MEM</b> <b>\$528 NON-MEMBER</b>	
<b>Team Gonzo Tennis</b> (TGT) 14's & Under- Evaluation Required	<b>MONDAY</b> 5:00-6:30pm Dates: 4/8-5/13	<b>WEDNESDAY</b> 6:00- 7:30pm Dates: 4/10-5/15	<b>FRIDAY</b> 4:30-6:00pm Dates: 4/12-5/17		
<b>Team Gonzo Tennis</b> (TGT) 18's & Under- Evaluation Required	<b>MONDAY</b> 5:00-6:30pm Dates: 4/8-5/13	<b>WEDNESDAY</b> 6:00- 7:30pm Dates: 4/10-5/15	<b>FRIDAY</b> 4:30-6:00pm Dates: 4/12-5/17		

**EMAIL THIS FORM TO: [Info@longmontathleticclub.com](mailto:Info@longmontathleticclub.com)**

### REGISTRATION FORM

Player Name \_\_\_\_\_ M or F \_\_\_\_\_ Age \_\_\_\_\_ LAC Member \_\_ Yes \_\_ No  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Parent or Guardian: \_\_\_\_\_ Home Ph#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Emergency Contact Name & Phone # \_\_\_\_\_

### Parent/Participate Release:

I HERBY WAIVE FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS FOREVER, ALL CLAIMS FOR DAMAGES AGAINST THE LONGMONT ATHLETIC CLUB, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, OR AGENTS FROM OR IN ANYWAY CONNECTED WITH ANY AND ALL INJURIES WHICH MAY BE SUFFERED ON OR INCURRED WHILE PARTICIPATING IN THIS ACTIVITY. WHETHER OR NOT AUTHORIZED BY THE LONGMONT ATHLETIC CLUB. THIS WAIVER SHALL BE APPLICABLE EVEN IF MY INJURIES ARISE FROM THE NEGLIGENCE OF THE LONGMONT ATHLETIC CLUB, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES OR AGENTS.

Parent/Participate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Visa/Mstr/AMX/Dis Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CC billing zip code: \_\_\_\_\_