



# Gonzo Tennis Academy

Winter #2- 2024 -Dates: March 4<sup>th</sup>- April 6<sup>th</sup>, 2024

(No classes during Spring break week- March 18<sup>th</sup>- 23<sup>rd</sup>)



Class:	Day/time Classes are Held: 4- week session			LAC Member Price	Non-Member Price
<b>TINY Gonzos</b> (Ages 5,6 & 7)	<b>TUESDAY</b> 4:15-5:00pm Dates: 3/5-4/2	<b>THURSDAY</b> 4:15-5:00pm Dates: 3/7-4/4	<b>SATURDAY</b> 10:30-11:15am Dates: 3/9-4/6	\$54 for 1 day per week T/TH/SAT	\$72 for 1 day per week T/TH/SAT
<b>MIGHTY Gonzos</b> (Ages 8,9 & 10)	<b>TUESDAY</b> 5:00-6:00pm Dates: 3/5-4/2	<b>THURSDAY</b> 5:00-6:00pm Dates: 3/7-4/4	<b>SATURDAY</b> 11:15-12:15pm Dates: 3/9-4/6	\$72 for 1 day per week T/TH/SAT	\$96 for 1 day per week T/TH/SAT
<b>JR Beginners</b> (Ages 11 to 17)	<b>MONDAY</b> 4:00- 5:00pm Dates: 3/4-4/1	<b>WEDNESDAY</b> 4:00- 5:30pm (1.5 HOURS) Dates: 3/6-4/3	<b>FRIDAY</b> 4:00- 5:00pm Dates: 3/8-4/5	\$72 for 1 day per week M/F \$112.50 for 1 day- WED	\$96 for 1 day per week- M/F \$135 for 1 day- WEDNESDAY
<b>JR Intermediates</b> (Ages 11 to 17)	<b>MONDAY</b> 5:00- 6:00pm Dates: 3/4-4/1	<b>WEDNESDAY</b> 4:00- 5:30pm Dates: 3/6-4/3 (1.5 HOURS)	<b>FRIDAY</b> 5:00- 6:00pm Dates: 3/8-4/5	\$72 for 1 day per week M/F \$112.50 for 1 day- WED	\$96 for 1 day per week M/F \$135 for 1 day- WEDNESDAY
<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>TUESDAY</b> 4:30-6:00pm Dates: 3/5-4/2	<b>THURSDAY</b> 4:00-5:30pm Dates: 3/7-4/4	<b>FRIDAY-All Ages</b> 4:30-6:00pm Dates: 3/8-4/5	<b>TEAM GONZO TENNIS RATES:</b> <u>LAC MEMBERS PRICE</u> <b>1X WEEK \$130</b> <b>2X WEEK \$240</b> <b>3X WEEK \$300</b> <u>NON-MEMBER PRICE</u> <b>10 % MORE</b>	
<b>Team Gonzo Tennis</b> (TGT) 14's & Under- Evaluation Required	<b>MONDAY</b> 4:30-6:00pm Dates: 3/4-4/1	<b>WEDNESDAY</b> 4:00- 5:30pm Dates: 3/6-4/3	<b>FRIDAY-All Ages</b> 4:30-6:00pm Dates: 3/8-4/5		
<b>Team Gonzo Tennis</b> (TGT) 18's & Under- Evaluation Required	<b>MONDAY</b> 4:30- 6:00pm Dates: 3/4-4/1	<b>WEDNESDAY</b> 4:00-5:30pm Dates: 3/6-4/3	<b>FRIDAY-All Ages</b> 4:30-6:00pm Dates: 3/8-4/5		
<b>Team Gonzo Tennis</b> (TGT) All Ages- Evaluation Required	<b>FRIDAY</b> 4:30-6:00pm Dates: 3/8-4/5				

**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: \_\_\_\_\_