LEVEL BASED CLINICS

2026-27 INDOOR SEASON

Fall Session 17 Weeks: Monday, Aug 31, 2026 - Thursday, Jan 14, 2027
(Excludes Labor Day 9/7, Thanksgiving 11/26, and holiday week 12/24/26 -1/1/27.)

Winter Session 17 Weeks: Tuesday, Jan 5, 2027 - Thursday, May 13, 2027

Level Based Clinics

Each session consists of a warmup, level-based drills, live ball instruction and friendly competitive coached match play. Join the fun and meet new players in this dynamic clinic!

Program	Day	Time	17-Week Cost
2.5-3.0 Men	Monday	7:30-9:00pm	$1,352
3.5-4.0 Men	Tuesday	7:30-9:30pm	$1,802
4.0 Men	Wednesday	7:30-9:30pm	$1,802
4.0-4.5 Men	Thursday	7:30-9:30pm	$1,802
3.0 Mixed	Thursday	12:30-2:30pm	$1,802

Annual Membership required to participate in all WRC programs.
If a question of level exists for placement, an evaluation can be arranged.

Registration and Payment Policy

To secure your program registration, please select one of the following payment options:

1) Early Registration (Paid in full by 2/28/2026)

- 10% discount when both Fall & Winter season programs are paid in Full
- 5% discount when either Fall or Winter season program is paid in Full

2) Deposit Options

- $500 deposit per season (Fall and/or Winter)
- Remaining balance is due prior to the start of the season

Refund Policy

Fall payments are refundable through June 1, 2026. Winter payments are refundable through November 1, 2026. After refund date, payments are non-refundable and non-transferable to other programs.

Weston Racquet Club - *Great Tennis, Great Teaching!*

405 Newtown Turnpike, Weston CT | WestonRacquet.com | 203-226-3349

2026-27 Level Based Clinic Registration

Participant Name: _____

Email_____

Street Address _____

City: _____ State: _____ Zip: _____

Phone (H): _____(W) _____ (C) _____

SELECT LEVEL BASED CLINIC PROGRAM

MONDAY 2.5-3.0 Men_____ TUESDAY 3.5-4.0 Men_____ WEDNESDAY 4.0 Men _____

THURSDAY 4.0-4.5 Men _____ THURSDAY 3.0 Mixed _____

Payment is due at time of Registration.

PAYMENT

Check:_____ Cash:_____ Pay with Credit Card on File: _____

Credit Card: ____AMEX ____VISA ____MASTERCARD

Card # _____ Name on Card: _____

Billing Zip Code: _____ Expiration Date: _____ Amount: _____

Security #_____ Cardholder Signature: _____

PARTICIPANT WAIVER

I, as the participant and or as the legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries ofany kind which may be sustained by me or my child by reason or in connection with my or his/her participation in any club program or activity; and I hereby release and discharge Weston Racquet Club, Grand Slam Health &Tennis Clubs, Inc., Spectrum Sports, Paulsen Properties, its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Paulsen Properties and other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct of Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Paulsen Properties and other described parties.

I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ **Date**_____