

JUNIOR TENNIS CLINICS

AT LOUISVILLE TENNIS CLUB



RED BALL

RED BALL 1 (Mighty Mites - Ages 4 to 6)

Students learn the basics of tennis movements such as hand-eye and foot coordination through fun games. No experience is required, and the child to instructor ratio shall not exceed 6:1. Cost \$45/member, \$53/non-member.

RED BALL 2 (Mighty Mites - Ages 6 to 8)

Students learn more advanced tennis skills such as the basics of the different tennis strokes, as well as, score keeping and basic rules. No experience is required, and the child to instructor ratio shall not exceed 6:1. Cost \$85/member, \$99/non-member.

ORANGE BALL

ORANGE BALL 1 (Beginner/Adv Beginner - Ages 9 to 10)

Designed to get young players rallying and playing points, emphasis is placed on developing the fundamentals of basic stroke technique, footwork skills, as well as, proper court positioning and basic tennis strategy. No experience is required. Cost \$115/member, \$135/non-member.

ORANGE BALL 2 (Intermediate - Ages 7 to 9)

Building upon the skills learned in previous clinics, students further refine their stroke technique and game strategy through the use of competitive games and drills to simulate true match conditions. Completion of Orange Ball Beginner Advanced Beginner (or equivalent*) is required. Students must be able to rally and serve. Cost \$115/member, \$135/non-member.

GREEN BALL

GREEN BALL 1 (Beginner/Adv Beginner - Ages 10 to 13)

Students learn the basics of tennis strokes and movement. Emphasis is placed on getting the students to rally and learn the basic rules of the game. No experience required. Cost \$115/member, \$135/non-member.

GREEN BALL 2 (Intermediate - Ages 8 to 10)

Students begin to learn more complex foot work and stroke technique. The basics of match play and scoring is introduced, and an emphasis is placed on developing students to be able to begin playing under true match conditions. Completion of Green Ball Beginner Advanced Beginner (or equivalent*) is required. Cost \$115/member, \$135/non-member.

YELLOW BALL

YELLOW BALL 1 (Beginner - Ages 12 to 17)

Students learn the basics of tennis strokes, rules, and movement. Emphasis is placed on getting to students to begin rallying. No experience is required. Cost \$115/member, \$135/non-member.

YELLOW BALL 2 (Intermediate - Ages 11 to 17)

Students learn more complex foot work, stroke mechanics, and strategy during rallies. In this class, students are also introduced to the basics of match play and scoring. Cost \$115/member, \$135/non-member.

JUNIOR CLINICS at LTC FALL 2019-SPRING 2020

TO REGISTER: Complete form and drop off, mail, or fax to LTC with full payment.

Cancellations must be made before the first class is held. There will be a \$25 processing fee for any cancellations.

Make-up Classes are allowed if clinics are not full, make-up class is approved by instructor, and is completed during the same session.

PLAYER INFORMATION	
Last Name: _____	First Name: _____ Age: _____
Parent Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Email Address: _____	Cell Phone: _____
Emergency Contact: _____	Emergency Contact Phone: _____

FALL-WINTER 2019-2020 SESSIONS & CLINICS			
(1) Please check session(s):			
<input type="checkbox"/> SESSION 1: Aug 12 – Sep 22	<input type="checkbox"/> SESSION 4: Jan 6 – Feb 16		
<input type="checkbox"/> SESSION 2: Sep 23 – Nov 3	<input type="checkbox"/> SESSION 5: Feb 17 – Mar 29		
<input type="checkbox"/> SESSION 3: Nov 4 – Dec 22 (off week of Nov 25)	<input type="checkbox"/> SESSION 6: Apr 6 – May 1		
2) Please check clinic:			
RED BALL 1	ORANGE BALL 1	GREEN BALL 1	YELLOW BALL 1
<input type="checkbox"/> Tuesday 4:00-4:30pm	<input type="checkbox"/> Tuesday 4:00-5:30pm	<input type="checkbox"/> Tuesday 4:00-5:30pm	<input type="checkbox"/> Tuesday 4:00-5:30pm
<input type="checkbox"/> Saturday 3:00-3:30pm	<input type="checkbox"/> Friday 4:30-6:00pm	<input type="checkbox"/> Friday 4:30-6:00pm	<input type="checkbox"/> Saturday 12:30-2:00pm
	<input type="checkbox"/> Saturday 2:00-3:30pm	<input type="checkbox"/> Saturday 2:00-3:30pm	<input type="checkbox"/> Sunday 4:30-6:00pm
	<input type="checkbox"/> Sunday 1:00-2:30pm	<input type="checkbox"/> Sunday 1:00-2:30pm	
RED BALL 2	ORANGE BALL 2	GREEN BALL 2	YELLOW BALL 2
<input type="checkbox"/> Tuesday 4:30-5:30pm	<input type="checkbox"/> Tuesday 4:00-5:30pm	<input type="checkbox"/> Thursday 4:30-6:00pm	<input type="checkbox"/> Thursday 4:30-6:00pm
<input type="checkbox"/> Friday 4:30-5:30pm	<input type="checkbox"/> Thursday 4:30-6:00pm	<input type="checkbox"/> Saturday 12:30-2:00pm	<input type="checkbox"/> Sunday 4:30-6:00pm
<input type="checkbox"/> Saturday 2:00-3:00pm	<input type="checkbox"/> Saturday 12:30-2:00pm	<input type="checkbox"/> Sunday 4:30-6:00pm	
	<input type="checkbox"/> Sunday 4:30-6:00pm		

PAYMENT INFORMATION – please print (clinic fees are listed above)						
1 st clinic: \$ _____	2 nd clinic: \$ _____	TOTAL DUE: \$ _____				
Payment by:	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name: _____	Amount to be Charged: \$ _____					
Card #: _____	Exp Date: _____ / _____	CID#: _____				
Signature of Cardholder: _____						

Parent/Guardian Agreement - *Please read carefully and sign below:*

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for LTC Tennis Clinics at Louisville Tennis Club, I certify that Participant is of normal health and in proper physical condition to participate in the Clinics, and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in tennis (both practice and competition); that tennis is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participant's participation in the Clinics(s). I further certify that the Participant maintains *adequate health insurance* to cover any injuries occurring as a result of participation in the Clinics(s) at LTC. In the event I cannot be reached in an emergency, I hereby give permission to the LTC staff to secure emergency medical services, including transportation and physician. **PRESS/MEDIA RELEASE:** We permit the free use of our name and family members names and pictures used on this application in broadcasts, telecasts, newspapers, brochures, and any other form of communication to which such use may be applied.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____