

Junior

HIGH PERFORMANCE TRAINING



Summer 2018
at LTC

The LTC High Performance Training Program is a WORLD CLASS TRAINING PROGRAM with a VERY LOW STUDENT INSTRUCTOR RATIO (a pro on every court during drills).

We focus on both the TECHNICAL and TACTICAL aspects of the game as well as an intense fitness training regimen.

Every player will have all strokes video taped and receives a detailed VIDEO ANALYSIS.

STARTING
JUNE 4

COST PER WEEK
\$160 member
\$170 non-member
see back for details

HIGH PERFORMANCE DIRECTOR: Larry Kline, USPTA Elite Professional

SCHEDULE

Mon, Tues, Thurs - 12:30-4:30pm

Intense drilling focused on technical, tactical, and physical aspects of the game

Weds, Fri - 12:30-2:30pm

Supervised Match Play for match preparation, including tactical game plans and match analysis

www.louisvilletennis.com

Junior HIGH PERFORMANCE TRAINING 2018 Summer

COST PER WEEK: \$160/MEMBER, \$170/NON-MEMBER

SUMMER SESSION DATES – please select weekly session(s) you want to attend

- | | |
|--|---|
| <input type="checkbox"/> June 4 – 8 | <input type="checkbox"/> July 9 – 13 |
| <input type="checkbox"/> June 11 – 15 | <input type="checkbox"/> July 16 – 20 |
| <input type="checkbox"/> June 18 – 22 | <input type="checkbox"/> July 23 – 27 |
| <input type="checkbox"/> June 25 – 29 | <input type="checkbox"/> July 30 – August 3 |
| <input type="checkbox"/> July 2 – 6 (4 days) | <input type="checkbox"/> August 6 – 10 |

PLAYER INFORMATION – please print

Last Name: _____ First Name: _____ DOB: __/__/____ Age: _____ Gender: M F

Parent(s) Name: _____

Address: _____ City: _____ State _____ Zip: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

PAYMENT INFORMATION

Pricing Level: Member (\$160/week) Non-Member (\$170/week)

Number of 1-Week Sessions: _____ x Price = \$ _____

Method of Payment: Cash Check Visa Mastercard Discover American Express

Cardholder Name: _____

Account #: _____ 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 Louisville Tennis Club 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 Clinic(s). I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Clinic(s) at Louisville Tennis Club. In the event I cannot be reached in an emergency, I hereby give permission to the Louisville Tennis Club staff to secure emergency medical services, including transportation and physician. PRESS/MEDIA RELEASE: We permit the free use of or 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.

SIGNATURE OF PARENT(S)/GUARDIAN: _____ DATE: _____