

# WOMEN'S TENNIS CLINIC



**BEGINNER**  
FRIDAYS  
9:00am-10:30am

**INTERMEDIATE**  
THURSDAYS  
9:30am-11:00am  
-or-  
FRIDAYS  
10:30am-12:00pm

with Sue Kline at LTC

## Get back in the game!

These beginner & intermediate clinics are perfect for women who played tennis in the past and would like to get back into the sport or for 2.5-3.0 USTA and River City players who want to improve their doubles strategy.

**2017-18 SEASON STARTS AUGUST 14TH.**  
See back for details.



# WOMENS TENNIS CLINIC at LOUISVILLE TENNIS CLUB

## TO REGISTER

Complete form and drop off, mail, or fax to LTC with full payment. Registrations cannot be taken over the phone. Clinic availability is determined on a first-come, first-serve basis. Spots are limited, so sign up early.

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

**Make-up Classes** will be allowed only if:

- Clinics are not filled to capacity.
- The make-up class is approved by the instructor.
- The make-up is completed during the same session.

## 2017-2018 SESSIONS

Please check clinic for which you are registering:

<b>MINI: Aug 14 – Sep 17</b> (5 weeks)	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$92 member/\$108.50 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$92 member/\$108.50 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$92 member/\$108.50 non-member
	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
<b>1: Sept 18 – Oct 29</b>	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
<b>2: Oct 30 – Dec 17</b> (off Nov 22-26)	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
<b>3: Jan 2 – Feb 11</b>	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
<b>4: Feb 12 – Mar 25</b>	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
<b>5: Mar 26 – May 13</b> (off week of Apr 2)	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member
	<input type="checkbox"/> Fridays 9:00am-10:30am BEGINNER \$110 member/\$130 non-member	<input type="checkbox"/> Thursdays 9:30am-11:00am INTERMEDIATE \$110 member/\$130 non-member	<input type="checkbox"/> Fridays 10:30am-12:00pm INTERMEDIATE \$110 member/\$130 non-member

## PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## PAYMENT INFORMATION – please print

Payment by:  Check  Cash  Visa  Mastercard  Amex  Discover  
 Cardholder Name: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CID#: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

Please note: only the amount indicated above will be charged to your credit card.

## Release from Liability - Please read carefully and sign below:

In consideration of registering myself, for LTC Adult Tennis Clinics at Louisville Tennis Club ("LTC"), I certify that I am of normal health and in proper physical condition to participate in the Clinics, and have not been otherwise informed by a physician. 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 participation in the Clinics(s). I further certify that that I maintain **adequate health insurance** to cover any injuries occurring as a result of participation in the Clinics(s) at LTC. In the event of an emergency, I hereby give permission to the LTC staff to secure emergency medical services, including transportation and physician.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_