

2017

FALL

PRE HIGH PERFORMANCE



Fall Session I (6 weeks)
August 21st – October 2nd

Our professional recommendation is to do a minimum of 2 days a week for ideal pace of skill development.

Summer Session II (6 weeks)
October 2nd – November 10th

Monday, Wednesday and Friday

4:00 – 5:00pm

Drills/Footwork/Technique/Point – Play/Strategy

FEES – Please check applicable

Drop-in Rate \$24
Please indicate day/dates you would like to participate: _____

<input type="checkbox"/> Weekly Cost – Choose Week (s)	Non-Member		Non-Member
<input type="checkbox"/> Session I, Monday	\$105	<input type="checkbox"/> \$135	<input type="checkbox"/> Session II, Monday
<input type="checkbox"/> Session I, Wednesday	\$105	<input type="checkbox"/> \$135	<input type="checkbox"/> Session II, Wednesday
<input type="checkbox"/> Session I, Friday	\$105	<input type="checkbox"/> \$135	<input type="checkbox"/> Session II, Friday
<input type="checkbox"/>			
	Total _____		Total _____

Full payment must accompany registration form. Charge my: Visa MasterCard AMEX Discover House Account

Account # _____ Exp. _____
Enclosed class fee(s) \$ _____ (Checks payable to Genesis Health Clubs)
Student's Name _____ Birthday _____
Parent's Name _____ Parent's Email _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Daytime Phone _____ Cell Phone _____

Payment, membership requirement, enrollment, refund and make-up policies:

1. Full payment must be included with the registration form before student's first class. A student enrolling after the start of a session will be charged a pro-rated fee for the remainder of the session.
2. Genesis Junior Tennis Membership is required.
3. There is a minimum and maximum enrollment for each class.
4. Make-up arrangements must be made with Tom Gibaud and are available with notice of student's absence. Make-ups must be done in the session in which they are missed; they may not carry over to the next session.
5. **No shows are not qualified for a make-up**
6. For further questions regarding Junior Tennis at Genesis Health Club at Rock Road please contact Tom Gibaud @ (316) 634-3129

Parent's Signature _____ Date _____