



Genesis Health Clubs Tennis Programs 12 & Under

(Please note that this is a 7 week session – prices are adjusted accordingly)

2018 JUNIOR DEVELOPMENT PROGRAM
Session 2: Spring – April 14th – June 1st, 2019

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Rookies (Ages 4-7)- Red Ball A program of movement, balance, coordinated and motor skill development with a focus on self and partner rallying skills on the 36' court. The children will learn how to initiate a rally, how to move and judge a ball (reception and centering skills), how to control the racquet at the contact point and control the height, direction and depth that will be the foundation of their future tennis development.</p>	12:00-1:00		4:30-5:30		4:30-5:30		12:00-1:00
<p>Hot Shots (Ages 8-12) - Orange Concepts of offense/defense will be introduced in both singles and doubles. Ball control exercises that enhance consistency, direction, depth and spin will be stressed. A variety of adaptive skills will be trained using dead ball drills, live ball drills, and competitive play situations in all areas of the court.</p>	12:00-1:00		4:30-5:30		4:30-5:30		12:00-1:00
<p>Hot Shots (Ages 8-12) - Green Concepts of offense/defense will be introduced in both singles and doubles. Ball control exercises that enhance consistency, direction, depth and spin will be stressed. A variety of adaptive skills will be trained using dead ball drills, live ball drills, and competitive play situations in all areas of the court.</p>	12:00-1:00		4:30-5:30		4:30-5:30		12:00-1:00

Prices are based on signing up for 1 day

7 Week Session

1 Hour Member \$17 \$119 – 1x a week \$238 – 2x a week \$357 – 3x a week \$476 – 4x week
1 Hour Non-Member \$22 \$154 – 1x a week \$308 – 2x a week \$462 – 3x a week \$616 – 4x week

**Session 2: Spring – April 14th – June 1st 2019
(No Clinics Memorial Day - Monday, May 27th)**

Full payment must accompany registration form. You may bring payment the first day of clinics.

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 (Required)** _____

Contact Phone _____ ADDRESS: _____

Please list any dates that your child will miss, that you know of in advance _____

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

1. Full payment must be included with the registration form. A student enrolling after the start of a session who is unable to make-up missed classes will be charged a pro-rated fee for the remainder of the session. Fee is non-refundable except as follows:
 - For medical disabilities, a pro-rated refund/credit shall be given from the date the refund is requested when accompanied by a doctor's statement explaining the nature of the disability or injury and duration.
 - A student who does not meet the skill level requirements will be asked to change to a compatible class or will be issued a pro-rated refund or credit.
 - If any class is cancelled, Genesis shall make every make every effort to reschedule the class on a date agreeable to all students. If the class cannot be rescheduled, each participant shall be given a refund or credit for the cancelled class.
 - **Only the Director of the Summer Tennis Programs may approve lesson refunds, credits or pro-rated fees.**
2. A student is allowed to make-up one class per current session. To assure your class make-up, please provide five days advance notice. To request a make-up, please contact the Director of Tennis, Josh Raymond. Make-ups are not offered in the first week of a session. Make-ups do not carry over to the next session. If you schedule a make-up and need to cancel, please contact us 24 hours in advance of the scheduled make-up.
3. **For non-members:** I accept full responsibility for my use of any apparatus, appliances facility privilege or service whatsoever, owned and operated by this Club at my own risk and shall hold this club, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom.

Parent's Signature _____ Date _____

Hour and 30 min private lessons are available for personal focused development.

Contact Josh Raymond, USPTA – Director of Tennis

jraymond@genesishealthclubs.com

Cell: **402-659-7520**

Niba (Head Pro) – Cell# **706-351-7673**

NN'nagniba@genesishealthclubs.com

Garin Leehy(Tennis Pro) – Cell# **402-943-7385**

Nico Arguello (Assistant Pro) – Cell# **402-657-7975**