



Genesis Health Clubs Tennis Programs

(Please note that this session is 7 weeks –

NO CLINIC on MEMORIAL DAY: MONDAY, MAY 27th - Prices are adjusted accordingly)

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

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
High School Prep (Ages 12 -17) For Newer players and lower junior varsity. Concepts of offense/defense will be introduced in both singles and doubles. 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.	1:00-2:30	5:30-7:00				5:30-7:00	
Genesis Competitive Training Ages 13-18 Improve mechanics for all strokes, footwork and conditioning, develop consistency and improve shot making. Developing variety on their shots and setting up points. Players in this group are playing NET events, JTL, JTT, JV high school tennis, and lower to middle varsity play on their high school teams.			5:30-7:00		5:30-7:00		1:00-2:30
Genesis High Performance Training Ages 14-18 This program is for the junior player who is focused on competitive tournament play. Players in the program show the desire to play top sectional tournaments as well as the drive to play tennis after high school. Training sessions will include tactical, technical, mental and physical training in order to help players improve their game. All players should be committed to training on a full time basis year round. Entry to this program is strictly enforced by the coaching staff and the player must be committed to training and playing USTA tournaments.		7:00-8:30		5:30-7:00		5:30-7:00	

Prices are based on signing up for 1 day per week

7 Week Session

1.5 Hours Member \$25.50 \$178.5 – 1x a week \$357 – 2x a week \$510 – 3x a week

1.5 Hours Non Member \$33 \$231 – 1x a week \$462 – 2x a week \$660 – 3x a week

Session2: Spring – April 14th – June 1st 2019

(No Clinic Memorial Day Monday, May 27th – Prices for 3x week adjusted)

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**

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

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