



2019 JUNIOR DEVELOPMENT PROGRAM

Fall 1: August 12th – September 21st, 2019 (No clinics August 31st, Sept 1st, 2nd)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Explorers (11+) For those who show interest in Tennis but do not have a background. Stroke fundamentals, basic footwork and court positioning are emphasized.	4:30-5:30					9:00-10:00
Bronze (11-17) Designed for middle to high schooler who has some basic knowledge of stroke production and court positioning. Correct technique and footwork are the primary focus of this clinic through drills, rallies and point play.	5:30-7:00				5:30-7:00	
Silver (11-17) (1&2) Continued development in stroke mechanics, footwork and conditioning. Consistency in technique and movement is the focus of this group. Variety in shot selection and point play. Designed for the player participating in local tournaments, JTT, JV HS teams and lower varsity players.		5:30-7:00		5:30-7:00		1:00-2:30
Gold (12-18) (1&2) This program is for the junior competitive player who competes locally, regionally and nationally. Players looking to either play in college, and professionally. Training is tactical, technical, mental and physical. All players should be committed to improving their game all year round.	7:00-8:30		5:30-7:00		5:30-7:00	

SILVER and GOLD programs will be divided into two sub-categories. Every player will be put in the clinic best reflecting their level. Players can only move up or down a clinic based on coaching staff's recommendation, personal effort, and improvement. We hold the rights to move players from one clinic to another. No exceptions will be made.

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(No Clinic Labor Day Weekend Augsut 31st- September 2nd, 2019 – Prices adjusted)

1.5 Hours Member \$25.50 \$153 – 1x a week \$306 – 2x a week \$433.5 – 3x a week

1.5 Hours Non Member \$33 \$198 – 1x a week \$396 – 2x a week \$561 – 3x a week

Explorer's Clinic Member \$17 \$85 – 1x a week \$170 – 2x a week

Explorer's Clinic Member \$22 \$110 – 1x a week \$220 – 2x a week

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: _____

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 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 and/or my child/children's 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 or my child/children 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, USPTA – Head Professional
NN'nagniba@genesishealthclubs.com
Cell: 706-351-7673
Mike Henrich (Tennis Pro) – Cell# 402-657-5309
Scott Slezak (Tennis Pro) – Cell# 402-740-3288
Nico Arguello (Tennis Pro) – Cell# 402-657-7975