

PROGRAM SCHEDULE AUGUST 24, 2009 – MAY 28, 2010

PROGRAMS

For the Tournament Player - These programs are intense workouts focusing on the mental and physical aspects of technique and strategy within the game of tennis. We achieve this by tailoring our coaching techniques to get the most out of each player and his or her individual style of play.

Afternoon Programs

Player's Program

Monday, Wednesday & Friday
4:00 pm – 6:45 pm*
\$600/660 per month

Tournament Tough Program

Monday thru Friday
4:00 pm – 6:45 pm*
\$875/940 per month

Morning Program

Monday, Tuesday, Wednesday & Thursday
9:00 am – 11:00 am
\$660/720 per month

Tournament level programs can be taken by the session at the cost of **\$70 per session**.

*Fitness starts at 6:00pm and will last 30-45 minutes depending on program.

The Basics - This program is designed for the beginner player who wants to learn the fundamentals of tennis. We concentrate on stroke production, the rules of tennis, the proper movement on a tennis court and having fun.

Next Generation Camp

5:00pm – 6:30pm
(ages 6-14)

Tuesday & Thursday
\$135/150 per month

Tuesday or Thursday (must select a day)
\$80 / \$90 per month

NOTES - All prices are listed LAC Athletic Member/Non-Member. A month is defined from the 1st of a month to the last day of a month.

POLICIES

Students may participate when:

1. Registration and medical release forms have been completed and signed. For students under 18, forms must be signed by a parent or legal guardian.
2. They have signed in on the sign-in sheet before each program session.
3. Payment has been received.
4. Rates are prepaid commitments and are not prorated for missed days. Selected days and times cannot be swapped for different days and times during the week/month.

No make up days.

5. Camp is not cancelled due to rain. The program will occur at the regular scheduled times and will consist of age/training level appropriate activities.

No make up days.

6. Policies are not negotiable
7. Students who engage in illegal activity, disrupt others or the community, and do not follow rules whether written or spoken by *Next Generation Tennis Academy* and the facility at which the academy is using will be dismissed from the program immediately. Students dismissed from the program will forfeit all or any portion of fees paid to *Next Generation Tennis Academy, LLC* for failure to comply.

CANCELLATIONS

Program allows you the flexibility of participating on a month to month basis. Due to this flexibility it is mandatory that all students pre pay their monthly camp. This means no student will be allowed to start a program if full payment for the month has not been received. Upon receipt of payment the student may begin their training program; any lost time will not be pro rated. At any time during the month if you decide to stop your training program you will forfeit all monthly fees paid.

Next Generation Tennis Academy

at Longwood Athletic Club
Sarasota, Florida

**SCHOOL YEAR PROGRAM
REGISTRATION FORM
August 24, 2009 – May 28, 2010**

Phone: + 1-941-351-1750
Fax: + 1-941-351-1950
www.ngtacademy.com

PROGRAM SCHEDULE AUGUST 24, 2009 – MAY 28, 2010

PLEASE PRINT CLEARLY & FILL OUT COMPLETEY

SECTION 1:

PROGRAM(s) (please circle) Player's / Tournament Tough / Morning / Next Generation

SECTION 2:

circle one: BOTH, TU or TH

STUDENT'S NAME _____ DOB ___/___/_____ Gender M or F

ADDRESS _____

CITY _____ STATE _____ ZIP _____ H: () _____ - _____

C: () _____ - _____ EMAIL _____

T-SHIRT SIZE (circle one) S M L XL

RANKING: Sectional _____ National _____ ITF _____ ATP/WTA _____

SECTION 2:

MOTHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ H: () _____ - _____

C: () _____ - _____ W: () _____ - _____ ext. _____

EMAIL _____

SECTION 3:

FATHER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ H: () _____ - _____

C: () _____ - _____ W: () _____ - _____ ext. _____

EMAIL _____

By signing below I agree that I am the parent or legal guardian of the above student. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the Academy shall not be liable for any personal injuries, property damage, or loss sustained by me or my children during their participation in Next Generation Tennis Academy, LLC programs or while on the premises of Longwood Athletic Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the Academy or the negligence of any other persons present on Longwood athletic clubs premises. These conditions apply individually and/or jointly with other players, player's children or guests of players.

Next Generation Tennis Academy does not carry medical insurance for its students. It is required that all tennis students be covered by their own family insurance policies, and if injury occurs, it is understood that the student's own policy is your only source of reimbursement.

Parent/Guardian Signature _____

Date _____

RELEASE FOR ADVERTISING- I hereby authorize the use of my child's name and likeness to be used on any/all promotional/advertising materials for Next Generation Tennis Academy. Promotional/advertising materials may include but are not limited to, website, brochures and press releases

Parent/Guardian Signature _____

Date _____

MEDICAL EMERGENCY INFORMATION & RELEASE

TO WHOM IT MAY CONCERN: I hereby give consent to any hospital and/or doctor to administer emergency treatment to myself/my child in the event of an emergency, provided such treatment is imperative. I also give consent for myself/my child to be transported by ambulance if the situation warrants and will pay for all medical costs resulting from the necessary medical care.

Family Physician: _____

Office #: _____

State any allergies, disabilities, medical conditions or restrictions of the student:

Does the student receive any medication? YES NO

If yes, please list: _____

MEDICAL INSURANCE: _____

Policy Holder's Name: _____

Policy #: _____ Exp Date: _____

SIGNATURE (required for medical release)

_____ DATE _____

EMERGENCY CONTACT INFORMATION

Name: _____

H: () _____ - _____ C: () _____ - _____

W: () _____ - _____ Relation: _____

TRANSPORTATION RELEASE (minors only)

I hereby give consent to Next Generation Tennis Academy and its representatives to transport my child by motor vehicle when necessary. Permission is granted for ___/___/2009 to ___/___/2010

I do not give permission for Next Generation Tennis Academy or its representatives to transport my child at any time.

Signature _____ Date _____