



# *Junior* **HIGH PERFORMANCE TRAINING**

AT LOUISVILLE TENNIS CLUB

*Complete development of the  
competitive junior player*

The Louisville Tennis Club High Performance Training Program is a comprehensive, world-class Junior Tennis training program that encompasses the critical areas of player development:

- **TECHNICAL ( Instructional )**
- **TACTICAL ( Competition )**

We offer a very low student instructor ration with a pro on each court. Every aspect of the High Performance Junior Tennis program is designed and overseen by LTC Tennis Director and USPTA Elite Professional, Larry Kline.

All participants must contact Larry Kline to participate in the High Performance Program.

# LTC Junior HIGH PERFORMANCE TRAINING

**TO REGISTER:** Complete form and drop off, mail, or fax to LTC with full payment.

**Cancellations** must be made before the first class is held. There will be a \$25 processing fee for any cancellations.

**Make-up Classes** are allowed if clinics are not full, make-up class is approved by instructor, and is completed during the same session.

NOTE: If you have a group of at least 4 juniors looking for a clinic at a time we are not offering, contact us about forming a new class.

**2018-19 SESSIONS – Please check session(s):**

- Back-to-School: Aug 13 – Sep 23
- Sep 24 – Nov 4
- Nov 5 – Dec 23 (off week of Nov 19)
- Jan 7 – Feb 17
- Feb 18 – Mar 31
- Apr 8 – May 19

**HIGH PERFORMANCE CLINICS – Please check clinic(s):**

**I. TECHNICAL (INSTRUCTIONAL)**

Clinics to help develop efficient stroke technique, patterns, and shot execution.

Cost per clinic: \$165 member/\$178 non-member

- Monday 4:00-6:00pm \$ \_\_\_\_\_
  - Wednesday 4:00-6:00pm \$ \_\_\_\_\_
  - Thursday 4:30-6:30pm \$ \_\_\_\_\_
  - Friday 4:00-6:00pm \$ \_\_\_\_\_
  - Sunday 2:30-4:30pm \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

**I. TACTICAL (COMPETITION)**

The competition element consists of strategy and tactics through point playing and match play experiences.

Cost per clinic: \$185 member/\$195 non-member

- Saturday 12:00-3:00pm \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

**PLAYER INFORMATION – please print**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT INFORMATION – please print**

Mother: \_\_\_\_\_  
 FIRST NAME LAST NAME CELL PHONE EMAIL  
 Father: \_\_\_\_\_  
 FIRST NAME LAST NAME CELL PHONE EMAIL  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PAYMENT INFORMATION**

Total Amount Due (total from clinic selections above): \$ \_\_\_\_\_  
 Method of Payment:  Cash  Check  Visa  Mastercard  Discover  American Express  
 Cardholder Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID#: \_\_\_\_\_  
 Signature of Cardholder: \_\_\_\_\_

**Parent/Guardian Agreement – please read carefully and sign below:**

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for Louisville Tennis Club Tennis Clinics at Louisville Tennis Club, I certify that Participant is of normal health and in proper physical condition to participate in the Clinics, and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in tennis (both practice and competition); that tennis is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participant's participation in the Clinic(s). I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Clinic(s) at Louisville Tennis Club. In the event I cannot be reached in an emergency, I hereby give permission to the Louisville Tennis Club staff to secure emergency medical services, including transportation and physician. PRESS/MEDIA RELEASE: We permit the free use of or name and family members names and pictures used on this application in broadcasts, telecasts, newspapers, brochures, and any other form of communication to which such use may be applied.

SIGNATURE OF PARENT(S)/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_