

T U C K E R

T E N N I S

Academy Program

The **Academy Program** is designed for players who are committed to play at district, sectional, and national tournaments. The program stresses technique, proper footwork, mental discipline, attitude, and physical conditioning. We strongly recommend combining regular private lessons from an academy pro along with the TTA program for best results.

- Session 1: August 14th – September 24th
- Session 2: September 25th – November 5th
- Session 3: November 6th – December 17th
- Session 4: January 2nd – February 11th
- Session 5: February 12th – March 31st
- Session 6: April 1st – May 12th

Academy Requirements:

- UTR 6.0 and above
- Sign up for a minimum of 2x per week
- Mandatory 3D Stroke Motion Analysis*

Class Schedule

- Monday: 3:30 – 5:30 pm
- Tuesday: 4:30 – 6:30 pm
- Wednesday: 3:30 – 5:30 pm
- Thursday: 4:30 – 6:30 pm
- Saturday: 1:30 – 3:30 pm

Program Director: Jan Steenekamp

Pricing (*plus sales tax*)

Please select from the following:

___ 2 days/week (6 weeks)	\$575	Drop-in Rate: \$70/class
___ 3 days/week (6 weeks)	\$700	Non-Members add \$35 to member rate
___ Unlimited (6 weeks)	\$775	Non-Member Drop-In Rate: \$80/class

*** 3D STROKE MOTION ANALYSIS (*Mandatory*):** Player will receive 2 strokes of their choice of 3D Computerized Biomechanical Motion Analysis by Jim Shaughnessy.
Cost: \$300 - 2 payments of \$150 billed in the first session of sign up

Registration

Member _____ Non-Member _____

Child Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent Name: _____ Parent's Cell Phone: _____

School Attending: _____ Email: _____

Full payment must accompany registration form.

Cash or check amount \$ _____ Charge my GHC Account: _____

Credit Card Issuer/Exp Date: _____ Card #: _____

Participation in TTA qualifies the player for a Junior Membership @ \$40 per month. Please see Membership for details.

Liability/Consent

I understand and voluntarily assume the risks and hazards inherent in athletic, fitness and tennis activities. In consideration of my child (children), guests or invitees waive, release, forever discharge and agree to indemnify and hold harmless Genesis Health Clubs, its ownership, employees, contract labor, agents and all staff from any and all rights, claims and liabilities whatsoever which I/we may have against them for losses, injuries and damages arising out of my child's (children's) participation in or presence at GHC or at any event off-premises by me/my child (children) or our guests or invitees even if we are aware of the possibility of such losses, injuries, or damages. The forgoing release shall be binding on my/our personal representative(s), heirs and executor and shall survive expiration, revocation, suspension or other termination or lapse of relationship between the parties.

Date

Signature of Parent/Guardian

Photo Release

I hereby grant Genesis Health Clubs (GHC) and/or Tucker Tennis Academy (TTA) permission to use my likeness in a photograph, video or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become property of GHC/TTA and will not be returned. I hereby irrevocably authorize GHC/TTA to edit, alter, copy, exhibit, publish or distribute these photos for lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising to related to the use of the photo. I hereby hold harmless, release, and forever discharge Genesis Health Clubs and Tucker Tennis Academy from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Date

Signature of Parent/Guardian
