TUCKER

TENNIS

Developmental Program

The **Developmental Program** is for beginner to intermediate level players **ages 6-11** (or under 6 years old by approval only). Students will learn all the skills to develop the hands, eyes, and feet thru a series of coordination drills, games, and exercises. *It is strongly recommended to combine 30 minutes or 1 hour of private lessons with TTA instructor to maximize results.*

Session 1: August 14th – September 24th

o Session 4: January 2nd – February 11th

• Session 2: September 25th – November 5th

o Session 5: February 12th - March 31st

• Session 3: November 6th – December 17th

o Session 6: April 1st - May 12th

Class Schedule

Monday: 5:30 – 6:30 pm
 Wednesday: 5:30 – 6:30 pm
 Friday: 4:30 – 6:00 pm

o Saturday: 10:00 - 11:30 am

Program Director: Celeste Frey

Pricing (plus sales tax)

Please select from the following:

Member Rates:	Non-Member Rates:
30 Hours (6 weeks) \$375	Non-Members add \$20 to member rate
24 Hours (6 weeks) \$350	Drop-in: \$35 per 1 hr class
21 Hours (6 weeks) \$325	\$45 per 1.5 hr class
18 Hours (6 weeks) \$300	
15 Hours (6 weeks) \$260	
12 Hours (6 weeks) \$210	Member Drop-In:
9 Hours (6 weeks) \$175	\$25 per 1 hr class / \$35 per 1.5 hr class
6 Hours (6 weeks) \$120	

Registration			
Member Non-Mer	mber		
Child Name:	В	rth 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 GHO	CAccount:	
Credit Card Issuer/Exp Date:	Card #: _		
Participation in TTA qualifies the pl	ayer for a Junior Membersh	ip @ \$40 per month.	Please see Membership for details.
Liability/Consent			
njuries, or damages. The forgoing executor and shall survive expiration between the parties. Date		n or other terminatio	
		orginature or	Tareno Galacian
Photo Release			
I hereby grant Genesis Health Cluin a photograph, video or other dig publications, without payment or oproperty of GHC/TTA and will not exhibit, publish or distribute these the finished product wherein my licompensation arising to related to Genesis Health Clubs and Tucker heirs, representatives, executors, a estate have or may have by reason I HAVE READ AND UNDERSTA	pital media ("photo") in an other consideration. I under the returned. I hereby irresphotos for lawful purpose keness appears. Additionathe use of the photo. I her Tennis Academy from all dministrators, or any other of this authorization.	erstand and agree that evocably authorize Ce. In addition, I waive ally, I waive any right beby hold harmless, it claims, demands and r persons acting on it	ications, including web-based at all photos will become BHC/TTA to edit, alter, copy, e any right to inspect or approve at to royalties or other release, and forever discharge d causes of action which I, my my behalf or on behalf of my
18 YEARS OF AGE, OR IF I AM CONSENT OF MY PARENT(S)/G ACCEPT:	UNDER 18 YEARS OF	AGE, I HAVE OBT	AINED THE REQUIRED
Date		Signature of	Parent/Guardian