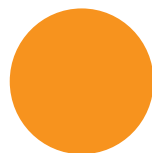


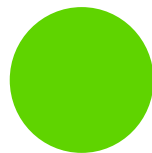
LTC HP ORANGE BALL LTC HP GREEN BALL FALL 2022-SPRING 2023

MINI SESSION
AUG 15-SEP 18
FULL SESSIONS
START SEP 19



ORANGE BALL HIGH PERFORMANCE

Designed to prepare students for tournament play. The class focuses on advanced tennis skills and strategy to get students competing at a high level as soon as possible. Completion of Orange Ball Intermediate (or equivalent*) is required.



GREEN BALL HIGH PERFORMANCE

For kids currently competing at the green ball level. This class focuses on advanced stroke and match technique and places emphasis on the transition of students to the yellow ball level. Completion of Green Ball Intermediate (or equivalent*) is required.



502-426-4923
www.blairwood.com

**DATES & TIMES ON BACK
@ LTC**

HP ORANGE & GREEN BALL 2022-2023

Cancellations must be made 48 hrs. before the first class is held. There will be a \$50 processing fee for any cancellations. A Club credit will be issued for the balance. No refunds.

ORANGE BALL

MINI-SESSION RATES:

Saturday (5 wks): \$165/member, \$180/non-member

REGULAR 6-WK SESSION RATES:

Saturday (6 wks): \$195/member, \$215/non-member

GREEN BALL

MINI-SESSION RATES:

Monday (4 wks): \$135/member, \$150/non-member
Wednesday or Saturday (5 wks): \$165/member, \$180/non-member

REGULAR 6-WK SESSION RATES:

Monday, Wednesday, or Saturday: \$195/member, \$215/non-member

2022-2023 SESSIONS & LEVELS

Select sessions(s):

- MINI-SESSION: AUGUST 15 - SEPTEMBER 18 -(Mon off 9/5: 4 wks) (Wed or Sat 5 wks)
- SESSION 1: SEPTEMBER 19 - OCTOBER 30 - (6 wks)
- SESSION 2: OCTOBER 31 - DECEMBER 18 (off Nov 21-27 Thanksgiving) - (6 wks)
- SESSION 3: JANUARY 2 - FEBRUARY 12 - (6 wks)
- SESSION 4: FEBRUARY 13 - MARCH 26 - (6 wks)
- SESSION 5: MARCH 27 - MAY 14 (off Apr 3-9 Spring Break) - (6 wks)

Select sessions(s): ORANGE - Saturday 3:00-5:00pm

GREEN - Monday 4:00-6:00pm (INVITE ONLY)

GREEN - Wednesday 4:00-6:00pm (INVITE ONLY)

GREEN - Saturday 10:00am-12:00pm

GREEN - Saturday 3:00-5:00pm

PLAYER INFORMATION

Last Name: _____ First Name: _____ DOB: ____/____/____ Age: _____

Parent Name(s): _____

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

Email Address: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Contact Phone: _____

PAYMENT INFORMATION

• Mini-Session (Mon - 4wks) = Price \$135/member, \$150/non-member = SUB-TOTAL \$ _____

• Mini-Session (Wed or Sat - 5 wks) = Price \$165/member, \$180/non-member = SUB-TOTAL \$ _____

• Regular 6-wk Session (any day): ____ x Price \$195/member, \$215/non-member = SUB-TOTAL \$ _____

= TOTAL \$ _____

Cardholder Name: _____ Amount to be Charged: \$ _____

Card #: _____ 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 LTC Tennis Clinics at Louisville Tennis Club ("LTC"), 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. Participant is not aware that they have Coronavirus. 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 Clinics(s). I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Clinics(s) at LTC. In the event I cannot be reached in an emergency, I hereby give permission to the LTC staff to secure emergency medical services, including transportation and physician.

PRESS/MEDIA RELEASE: We permit the free use of our 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.

Parent Signature: _____ Date: _____