

# LEARN TO PLAY

## ADULT CLINIC



*Blairwood coach  
Kevin Brandalik!*

*Join Kevin in this fun, no pressure environment where players work on proper strokes, rallying, scoring, positioning, and more!*

**502-426-8820**  
**[www.blairwood.com](http://www.blairwood.com)**



**FRIDAYS**  
**11AM-12PM**  
**6-WK SESSIONS**

\$90/member  
\$105/non-member

## 2 LEVELS

- **BEGINNER**  
*for new players or players who need a "refresher"*
- **BEYOND BEGINNER**  
*for current "learn to play" clinic players who want to advance to next level*

# ADULT LEARN TO PLAY at BLAIRWOOD FALL 2019-SPRING 2020

**TO REGISTER:** Complete form and drop off, mail, or fax to Blairwood 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.

## PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## ADULT LEARN TO PLAY SESSIONS & CLINCS – FALL 2019-SPRING 2020

Please check sessions(s):

**SESSION 1: Aug 12 – Sep 22**

**SESSION 4: Jan 6 – Feb 16**

**SESSION 2: Sep 23 – Nov 3**

**SESSION 5: Feb 17 – Mar 29**

**SESSION 3: Nov 4 – Dec 22 (off week of Nov 25)**

**SESSION 6: Apr 6 – May 17**

## PAYMENT INFORMATION – please print (clinic fees are listed above)

**PRICING: \$90/member per session, \$105/non-member per session**

**TOTAL DUE: \$ \_\_\_\_\_**

Payment by:  Check  Cash  Visa  Mastercard  Amex  Discover

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

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ CID#: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

### **Release from Liability - *Please read carefully and sign below:***

In consideration of registering myself for Blairwood Tennis Clinics at Blairwood Tennis, Swim and Fitness Club ("Blairwood"), I certify that I am of normal health and in proper physical condition to participate in the Clinics, and has not been otherwise informed by a physician. 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 I maintain *adequate health insurance* to cover any injuries occurring as a result of participation in the Clinics(s) at Blairwood. In the event of an emergency, I hereby give permission to the Blairwood staff to secure emergency medical services, including transportation and physician.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_