

# JUNIOR ACADEMY

at BLAIRWOOD

FALL 2019-SPRING 2020



## ACADEMY DIRECTORS

**TIM BRADSHAW**  
USPTR

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USPTA



502-426-8820  
www.blairwood.com

## ACADEMY

FOR PLAYERS AGES 7 TO 17  
USING ORANGE, GREEN,  
AND YELLOW BALLS

DESIGNED FOR STATE  
LEVEL 4 & 5  
JUNIOR PLAYERS

INCLUDES DRILLS FOR  
TECHNIQUE AND STROKE  
PRODUCTION,  
MATCH PLAY, AND  
TACTICAL DEVELOPMENT

TUESDAYS 4PM-6PM  
FRIDAYS 4PM-6PM

## ADVANCED TOURNAMENT ACADEMY

FOR NATIONALLY-RANKED  
SECTIONAL-RANKED,  
AND STATE-RANKED  
PLAYERS AGES 11-17

INCLUDES ADVANCED  
TECHNICAL DRILLS, ADVANCED  
TACTICAL DEVELOPMENT,  
MATCH PLAY, AND  
FITNESS (SPEED, AGILITY,  
COORDINATION & STRENGTH)

MONDAYS 4PM-6:30PM  
WEDNESDAYS 4PM-6:30PM  
THURSDAYS 4PM-6:30PM

# JUNIOR ACADEMY 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: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

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

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

## FALL-WINTER 2019-2020 SESSIONS & CLINCS

Please check session(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**

Please check clinic(s) and time(s) for which you are registering:

### ACADEMY

Cost: \$180/day/session/member, \$195/day/session/non-member

Tuesday 4:00-6:00pm

Friday 4:00-6:00pm

### ADVANCED TOURNAMENT ACADEMY

Cost: \$200/day/session/member, \$220/day/session/non-member

Monday 4:00-6:30pm

Wednesday 4:00-6:30pm

Thursday 4:00-6:30pm

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

1<sup>st</sup> clinic: \$ \_\_\_\_\_ 2<sup>nd</sup> clinic: \$ \_\_\_\_\_ 3<sup>rd</sup> clinic: \$ \_\_\_\_\_

4<sup>th</sup> clinic: \$ \_\_\_\_\_ 5<sup>th</sup> clinic: \$ \_\_\_\_\_ 6<sup>th</sup> clinic: \$ \_\_\_\_\_ **TOTAL DUE: \$ \_\_\_\_\_**

Payment by:  Check  Cash  Visa  Mastercard  Amex  Discover

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 Blairwood Tennis Clinics at Blairwood Tennis, Swim and Fitness Club ("Blairwood"), 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 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 Blairwood. In the event I cannot be reached in an emergency, I hereby give permission to the Blairwood 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/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_