

General Information

All programs are organized and directed by Scott Robinson, USPTA Director of Tennis.

Maximum student/instructor ratio is 6:1. Players are grouped based on age and ability with ability being the first criteria.

Players are evaluated during the first 2 weeks of the program. Class adjustments are made during that time.

Players will be re-evaluated throughout the program and appropriate class level adjustments will be made as needed.

Students must wear appropriate athletic footwear on the court. No flip flops, crocs, or any open-toed footwear will be allowed on the tennis court.

Make-ups are only available if there is room in another class. A make-up request maybe granted at the discretion of the Tennis Director.

If no class times suit you or your child's schedule, contact us. We will do our best to accommodate you and get your child playing tennis.

Program registration is not final until it is confirmed by the tennis office and payment is received.

CLASS CANCELLATIONS: We will be following the Hendrick Hudson School District policy for weather related school closings. In case of questionable weather, please call the Front Desk or Contact the tennis office:

SCOTT ROBINSON
srobinson@premierathletic.com
or text: 504-610-1355



JUNIOR TENNIS PROGRAM 2019-2020

September 3, 2019 - June 21, 2020

2 sessions—20 weeks

Session 1

September 3, 2019 - February 2, 2020
(Off Week of 12/23 and 12/30)

Session 2

February 3, 2020 - June 21, 2020

Organized & Directed

Scott Robinson

USPTA Director of Tennis

2127 Albany Post Road Montrose, NY, 10548
914-739-7755

DATE _____

CHILD NAME _____

PARENT/GUARDIAN _____

ADDRESS _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL _____

DOB _____ AGE _____

Program # Day & Time

MEMBERS: I AUTHORIZE PREMIER ATHLETIC CLUB TO
HOUSE CHARGE MY ACCOUNT.

Member # _____

Child of Member # _____

Monthly House Charge Amount: \$ _____

Total: \$ _____

Non-Member/Paid-in-full:

Session Fee: \$ _____

Total: \$ _____

I authorize Premier Athletic Club via electronic
funds transfer to charge my account.

CC# _____

Code: _____ Exp. Date _____

Customer Signature: _____

MY CHILD IS IN GOOD PHYSICAL CONDITION AND HAS
NO DISABILITY OR IMPAIRMENT THAT WOULD
PREVENT HIM/HER FROM PARTICIPATING IN THE
JUNIOR TENNIS PROGRAM. I HOLD PREMIER
ATHLETIC CLUB, SHAREHOLDERS, DIRECTORS,
OFFICERS, AND AGENT HARMLESS FOR ANY AND
ALL CLAIMS, INJURIES, DAMAGES, AND LIABILITIES
SUSTAINED OR INJURED AT THE PREMIER ATHLETIC
CLUB.

PARENT SIGNATURE _____

FUTURE STARS

Ages 5-10

*Basic **FUN** introduction to Tennis

*Smaller courts....progressive balls

*All stroke fundamentals, footwork and grips are
introduced

- () **Monday 4-5pm**
- () **Tuesday 4-5pm**
- () **Wednesday 4-5pm**
- () **Thursday 4-5pm**

	<u>Member</u>	<u>Child of Mem</u>	<u>Non Mem</u>
1 x Week	\$640	\$700	\$760
2 x Week	\$1080	\$1160	\$1280

**FRIDAY 4 - 5:30PM
PREMIER TEAM PRACTICE
ASK SCOTT FOR DETAILS**



- *10% Discount Full Year Commitment
- *10% Sibling Discount

CHAMPIONS

Ages 10+

*Enhanced stroke work

*Competitive drills and games

*Shot placement and court movement

*Ability to advance upward within each group

- () **Monday 5-6:30pm**
- () **Tuesday 5-6:30pm**
- () **Wednesday 5-6:30pm**
- () **Thursday 5-6:30pm**

	<u>Member</u>	<u>Child of Mem</u>	<u>Non Mem</u>
1 x Week	\$1060	\$1180	\$1280
2 x Week	\$1800	\$2000	\$2160

**FRIDAY 5:30-7PM
PREMIER TEAM PRACTICE
ASK SCOTT FOR DETAILS**



- *10% Discount Full Year Commitment
- *10% Sibling Discount