

Blairwood Tennis, Swim & Fitness Club 2011/2012 - Adult Tennis



Blairwood's adult program is designed to provide instruction for every skill level from the beginner to the advanced competitor. We offer instructional clinics that run in 5-week sessions, as well as Fast-Feed and Cardio clinics that meet on a week-to-week basis.



Our goal is to find a place for every skill level!

Sessions

Please check session(s) for which you are registering: (All sessions are 6 weeks, except the mini session)

- Mini Session:** August 15 – September 11 (4 weeks)
- Session 1:** September 12 – October 23
- Session 2:** October 24 – December 11 (off week of November 21 for Thanksgiving)
- Session 3:** January 2 – February 12
- Session 4:** February 13 – March 25
- Session 5:** March 26 – May 13 (off week of April 9 for Spring Break)

Beginner/Learn to Play

These clinics are designed to introduce the new player to the game. Classes will emphasize basic stroke technique, footwork skills and scoring to get players playing and enjoying tennis as soon as possible! Racquets to use for clinics will be available if needed.

Cost: \$105 member \$125 non-member per 6-week session

Please check day & time(s) you are registering for:

- Tuesday 9:30 – 11:00am
- Thursday 10:30 – 12:00am
- Sunday 1:00 – 2:30 pm
- Wednesday 11:00 – 12:30pm
- Saturday 12:00 – 1:30am

Advanced Beginner

These clinics will reinforce continue proper stroke technique and ball tracking skills learned in Beginner Clinics. Basic strategy will be introduced and learned through match play simulated drills. Both singles and doubles strategy will be introduced.

Cost: \$105 member \$125 non-members per 6-week session

Please check day & time(s) you are registering for:

- Monday 9:30 – 11:00 pm
- Friday 12:00 – 1:30pm
- Saturday 10:30 – 12:00pm

Intermediate

These clinics are designed to continue proper stroke development in a more competitive environment. Players will be introduced to specialty shots; such as lobs, drop shots, topspin and slices. More advanced strategy will be introduced through drilling in actual match play situations.

Cost: \$105 member \$125 non-members per 6-week session

Please check day & time(s) you are registering for:

- Tuesday 12:30 – 1:30 pm
- Wednesday 12:30 – 2:00pm

Make – up Policy

Players are allowed to make up missed clinics under the following guidelines:

1. Only if clinics are not filled to capacity.
2. Make – up must be approved by the instructor.
3. Make – up must be completed during the same five – week session.

Fast Feed Clinics

These clinics are designed to provide a more intense cardiovascular workout. Participants will be running through both doubles and singles “live-ball” drills simulating actual match play situations. *Fast feeds are not intended to focus on individual stroke technique.* If you like to sweat, this is the program for you!

Fast feed clinics are open, weekly workouts available on a “pay as you play” basis.

Cost: \$15.00 Members \$20 Non-Members

<u>Day</u>	<u>Time</u>	<u>Level</u>	<u>Group</u>
Tuesday	5:30 – 7:00pm	3.0 – 4.0	Co - Ed
Saturday	9:00 – 10:30am	3.5 – 4.0	Co - Ed
Saturday	10:30 – Noon	3.0 – 3.5	Co - Ed

Registration

Please complete and return to Blairwood – form can be faxed to 425-7918. Full payment must accompany registration.

APPLICANT INFORMATION – Please print legibly.

Last Name _____ First Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home#: _____ Cell# _____ Email _____

(REQUIRED)

Release from Liability - Please read carefully and sign below:

In consideration of registering myself; for Blairwood Adult 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 have 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 participation in the Clinics(s). I further certify that the I maintains **adequate health insurance** to cover any injuries occurring as a result of participation in the Clinics(s) at Blairwood.

In the event of an an emergency, I hereby give permission to the Blairwood staff to secure emergency medical services, including transportation and physician.

SIGNATURE: _____

PAYMENT INFORMATION: Please complete and return with payment.

Payment by: Check Cash Visa MasterCard Amex Discover

Amount: \$ _____ Card Number: _____ Exp: _____

Name of Cardholder: _____ Signature: _____

Please note: Only the amount indicated above will be charged to your credit card.

We offer programs for children as well as adults. For information on all we have to offer at Blairwood, please visit us on the web at: www.blairwood.net.