



Afterschool Junior Tennis Program September 7th - June 3rd 2011 at the Calabasas Tennis & Swim Center

ACADEMY LEVELS:

CHALLENGER – (Ages 8 and older) For children between 8 and 15 years of age who want to learn the basics of tennis in an enjoyable, exciting environment. **Tuesday, Thursday, Friday—4:30-6:00pm** and **Saturday—2:30-4:00** (new)

Member	Non-Member
\$240 for 8 classes	\$272 for 8 classes
\$312 for 12 classes	\$360 for 12 classes
\$480 for 20 classes	\$520 for 20 classes

TOURNAMENT TRAINING – For juniors who currently, or will, compete in tournaments. These students must be able to serve, rally and play matches. If you do not have a sectional ranking, Jonas Wallgard or Brady Hiete must approve you.

Monday and Wednesday—4:30-6:30pm

Member	Non-Member
\$304 for 8 classes	\$336 for 8 classes
\$408 for 12 classes	\$456 for 12 classes
\$600 for 20 classes	\$680 for 20 classes

SUPER EXCELLENCE – For juniors with high sectional and national rankings, this is an intensive training session designed to prepare juniors for Professional or Division 1 College Tennis. Jonas Wallgard or Brady Hiete must approve all students.

Wednesday—4:00 – 6:30pm

Member	Non-Member
\$344 for 8 classes	\$384 for 8 classes
\$456 for 12 classes	\$516 for 12 classes

To sign up, fill out application below and you may pay with cash, credit card, or check payable to the City of Calabasas. If you have any questions, contact Jonas Wallgard or Debbie Gonzales at (818) 222-2782.

*CTSC After School Junior Academy Application Fall 2010 thru Spring 2011
Detach here and attach with check payable to the City of Calabasas*

Students Name _____ Phone H _____ W _____

Address _____ City _____ Zip Code _____

Sex _____ Birthdate _____ PersonPaying _____

Credit Card VISA AMEX MC Name _____ Card # _____ exp. _____

Please select desired group: Super Excellence Tournament Training Challenger

(Please check one): Member Non-Member

- ◆ *If a child is unable to make a clinic, minimum 24 HOURS WRITTEN NOTICE is required to receive a make up day. **No exceptions!!!***
- ◆ *If you want to change your days, you **MUST DO SO IN WRITING**. You may fax to (818) 222-8602 or e-mail: dgonzales@cityofcalabasas.com*
- ◆ *An application must accompany all payments. ◆ Family discounts available. Inquire at front desk for details.*

Circle each day you want to sign up for:

Week 1	Sep 7 - Sep 11	T	W	TH	F	S	Week 20	Jan 31 - Feb 5	M	T	W	TH	F	S	
Week 2	Sep 13 - Sep 18	M	T	W	TH	F	S	Week 21	Feb 7 - Feb 12	M	T	W	TH	F	S
Week 3	Sep 20 - Sep 25	M	T	W	TH	F	S	Week 22	Feb 14 - Feb 19	M	T	W	TH	F	S
Week 4	Sep 27 - Oct 2	M	T	W	TH	F	S	Week 23	Feb 22 - Feb 26		T	W	TH	F	S
Week 5	Oct 4 - Oct 9	M	T	W	TH	F	S	Week 24	Feb 28 - Mar 5	M	T	W	TH	F	S
Week 6	Oct 11 - Oct 16	M	T	W	TH	F	S	Week 25	Mar 7 - Mar 12	M	T	W	TH	F	S
Week 7	Oct 18 - Oct 23	M	T	W	TH	F	S	Week 26	Mar 14 - Mar 19	M	T	W	TH	F	S
Week 8	Oct 25 - Oct 30	M	T	W	TH	F	S	Week 27	Mar 21 - Mar 26	M	T	W	TH	F	S
Week 9	Nov 1 - Nov 6	M	T	W	TH	F	S	Week 28	Mar 28 - Apr 2	M	T	W	TH	F	S
Week 10	Nov 8 - Nov 13	M	T	W		F	S	Week 29	Apr 4 - Apr 9	M	T	W	TH	F	S
Week 11	Nov 15 - Nov 20	M	T	W	TH	F	S	Week 30	Apr 11 - Apr 16	M	T	W	TH	F	S
Week 12	Nov 22 - Nov 24	M	T	W				Week 31	Apr 18 - Apr 22	S P R I N G B R E A K					
Week 13	Nov 29 - Dec 4	M	T	W	TH	F	S	Week 32	Apr 25 - Apr 30	M	T	W	TH	F	S
Week 14	Dec 6 - Dec 11	M	T	W	TH	F	S	Week 33	May 2 - May 7	M	T	W	TH	F	S
Week 15	Dec 13 - Dec 18	M	T	W	TH	F	S	Week 34	May 9 - May 14	M	T	W	TH	F	S
Week 16	Jan 3 - Jan 8	M	T	W	TH	F	S	Week 35	May 16 - May 21	M	T	W	TH	F	S
Week 17	Jan 10 - Jan 15	M	T	W	TH	F	S	Week 36	May 23 - May 26	M	T	W	TH		
Week 18	Jan 18 - Jan 22		T	W	TH	F	S	Week 37	May 31 - June 3		T	W	TH	F	S
Week 19	Jan 24 - Jan 29	M	T	W	TH	F	S								

PLAYER APPLICATION and PARTICIPATION AGREEMENT

Please Read The Following Carefully Before Signing

I, the undersigned hereby acknowledge that engaging in athletic sports- including the tennis programs and activities offered and conducted by Top Seed Tennis Academy, Inc. ("Top Seed")-may result in accidents and/or injuries. But notwithstanding such danger and risks, and as an express condition of being allowed to participate in Top Seed s tennis programs and activities, the undersigned, for himself/herself/ as parent or guardian of the above-named player, freely and voluntarily accepts all risks and hazards associated with or incidental to participation in Top Seed s and activities, including use of the facilities where such programs are conducted. The undersigned hereby further expressly waives any claims for injury or damage arising from or relating to the above-named player s participation in Top Seed s programs, whether injury results from negligence or any other cause, and agrees to defend, indemnify and hold harmless Top Seed and its officers, employees and /or agents, from and against any and all liability, charges and/or expenses which may arise by reason of the above-named player s participation in Top Seed s programs or activities.

The undersigned hereby also expressly acknowledges that he/she has received a copy of the rules, regulations and policies presently in effect for users of Top Seed Tennis Academy at Calabasas Tennis & Swim Center, and agrees to abide by same (and any amendments and/or revisions adopted from time to time).

I HAVE CAREFULLY READ AND CONSIDERED THE ABOVE PARAGRAPHS, AND FULLY UNDERSTAND THEIR CONTENT AND CONSEQUENCES. I AM AWARE THAT THIS REPRESENTS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TOP SEED TENNIS ACADEMY, INC.; AND SIGN THIS AGREEMENT OF MY OWN FREE WILL.

The undersigned represents that the above-named player is physically sound, and has received medical approval to participate in Top Seed s tennis training and related programs and activities. The undersigned further agrees that should any disabilities, handicaps or other limitations arise which would no longer warrant participation in Top Seed s programs, Top Seed shall be notified and the player shall discontinue further activities until his or her adverse medical conditions no longer exist. As parent/guardian of the above-named minor participant, I hereby consent to and authorize emergency treatment and/or care for such minor, whether injury results from an accident or any other cause, at any hospital or other medical facility. I further agree to pay any and all costs or charges incurred as a result of such treatment, and shall indemnify and hold Top Seed, its officers, employees and agents, harmless from and against any such charges. If there is an emergency, and I cannot be reached, please contact:

PLEASE PRINT LEGIBLY

Player's Last Name

First Name

Parent or Legal Guardian

Date