



# Afterschool Junior Tennis Program September 6th - June 8th 2012 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**

<b>Member</b>	<b>Non-Member</b>
\$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**

<b>Member</b>	<b>Non-Member</b>
\$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**

<b>Member</b>	<b>Non-Member</b>
\$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 2011 thru Spring 2012  
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](mailto: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 6 - Sep 9	T	W	TH	F	Week 20	Jan 30 - Feb 3	M	T	W	TH	F	
Week 2	Sep 12 - Sep 16	M	T	W	TH	F	Week 21	Feb 6 - Feb 10	M	T	W	TH	F
Week 3	Sep 19 - Sep 23	M	T	W	TH	F	Week 22	Feb 13 - Feb 17	M	T	W	TH	F
Week 4	Sep 26 - Sep 30	T	W	TH	F	Week 23	Feb 21 - Feb 24	T	W	TH	F		
Week 5	Oct 3 - Oct 7	M	T	W	TH	F	Week 24	Feb 27 - Mar 2	M	T	W	TH	F
Week 6	Oct 10 - Oct 14	M	T	W	TH	F	Week 25	Mar 5 - Mar 9	M	T	W	TH	F
Week 7	Oct 17 - Oct 21	M	T	W	TH	F	Week 26	Mar 12 - Mar 16	M	T	W	TH	F
Week 8	Oct 24 - Oct 28	M	T	W	TH	F	Week 27	Mar 19 - Mar 23	M	T	W	TH	F
Week 9	Oct 31 - Nov 4	M	T	W	TH	F	Week 28	Mar 26 - Mar 30	M	T	W	TH	F
Week 10	Nov 7 - Nov 10	M	T	W	TH		Week 29	Apr 2 - Apr 6	M	T	W	TH	F
Week 11	Nov 14 - Nov 18	M	T	W	TH	F	Week 30	S P R I N G B R E A K					
Week 12	Nov 21 - Nov 22	M	T				Week 31	Apr 16 - Apr 19	M	T	W	TH	F
Week 13	Nov 28 - Dec 2	M	T	W	TH	F	Week 32	Apr 23 - Apr 27	M	T	W	TH	
Week 14	Dec 5 - Dec 9	M	T	W	TH	F	Week 33	Apr 30 - May 4	M	T	W	TH	F
Week 15	Dec 12 - Dec 16	M	T	W	TH	F	Week 34	May 7 - May 11	M	T	W	TH	F
Week 16	Jan 3 - Jan 6	T	W	TH	F		Week 35	May 14 - May 18	M	T	W	TH	F
Week 17	Jan 9 - Jan 13	M	T	W	TH	F	Week 36	May 21 - May 25	M	T	W	TH	F
Week 18	Jan 17 - Jan 20	T	W	TH	F		Week 37	May 29 - Jun 1	T	W	TH	F	
Week 19	Jan 23 - Jan 27	M	T	W	TH	F	Week 38	Jun 4 - Jun 8	M	T	W	TH	F

# 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