



# Afterschool Junior Tennis Program

## August 26th 2019 - June 5th 2020

### 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. **Monday, Tuesday and Thursday—4:30-6:00pm**

**Class Rates**  
**\$416 for 8 classes**  
**\$552 for 12 classes**  
**\$800 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, Brady Hiete or Jason Gaona must approve you. **Monday, Wednesday and Friday—4:30-6:30pm**

**Class Rates**  
**\$480 for 8 classes**  
**\$648 for 12 classes**  
**\$960 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. Steve McAvoy or Brady Hiete must approve all students. **Wednesday & Friday 4:00 – 6:00pm**

**Class Rates**  
**\$480 for 8 classes**  
**\$648 for 12 classes**  
**\$960 for 20 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 Brady Hiete or Terri Secondino at (818) 222-2782.

*CTSC After School Junior Academy Application Fall 2019 thru Spring 2020  
 Detach here and attach with check payable to the City of Calabasas*

Students Name \_\_\_\_\_ Phone H \_\_\_\_\_ W \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_  
 Credit Card  VISA  AMEX  MC Name \_\_\_\_\_ Card # \_\_\_\_\_ exp. \_\_\_\_\_

Please select desired group:     Super Excellence     Tournament Training     Challenger

- ◆ **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: Terri@TopSeed.us**
- ◆ **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	Aug 26 - Aug 30	M	T	W	TH	F	Week 21	Jan 27 - Jan 31	M	T	W	TH	F	
Week 2	Sep 3 - Sep 6		T	W	TH	F	Week 22	Feb 3 - Feb 7	M	T	W	TH	F	
Week 3	Sep 9 - Sep 13	M	T	W	TH	F	Week 23	Feb 10 - Feb 14	M	T	W	TH	F	
Week 4	Sep 16 - Sep 20	M	T	W	TH	F	Week 24	Feb 17 - Feb 21	M	T	W	TH	F	
Week 5	Sep 23 - Sep 27	M	T	W	TH	F	Week 25	Feb 24 - Feb 28	M	T	W	TH	F	
Week 6	Sep 30 - Oct 4	M	T	W	TH	F	Week 26	Mar 2 - Mar 6	M	T	W	TH	F	
Week 7	Oct 7 - Oct 11	M	T	W	TH	F	Week 27	Mar 9 - Mar 13	M	T	W	TH	F	
Week 8	Oct 14 - Oct 18	M	T	W	TH	F	Week 28	Mar 16 - Mar 20	M	T	W	TH	F	
Week 9	Oct 21 - Oct 25	M	T	W	TH	F	Week 29	Mar 23 - Mar 27	M	T	W	TH	F	
Week 10	Oct 28 - Nov 1	M	T	W		F	Week 30	Mar 30 - Apr 3	M	T	W	TH	F	
Week 11	Nov 4 - Nov 8	M	T	W	TH	F	Week 31	Apr 6 - Apr 10	M	T	W	TH	F	
Week 12	Nov 11 - Nov 15	M	T	W	TH	F	Week 32	Apr 13 - Apr 17	S P R I N G B R E A K					
Week 13	Nov 18 - Nov 22	M	T	W	TH	F	Week 33	Apr 20 - Apr 24	M	T	W	TH	F	
Week 14	Nov 25 - Nov 29	T H A N K S G I V I N G						Week 34	Apr 27 - May 1	M	T	W	TH	F
Week 15	Dec 2 - Dec 6	M	T	W	TH	F	Week 35	May 4 - May 8	M	T	W	TH	F	
Week 16	Dec 9 - Dec 13	M	T	W	TH	F	Week 36	May 11 - May 15	M	T	W	TH	F	
Week 17	Dec 16 - Dec 20	M	T	W	TH	F	Week 37	May 18 - May 22	M	T	W	TH	F	
Week 18	Jan 6 - Jan 10	M	T	W	TH	F	Week 38	May 26 - May 29		T	W	TH	F	
Week 19	Jan 13 - Jan 17	M	T	W	TH	F	Week 39	June 1 - June 5	M	T	W	TH	F	
Week 20	Jan 21 - Jan 24		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