



**Fall 2009**

**iTennis™ Adult Clinics**

**November 2nd—December 20th 2009  
7 Week Session**

- Beginning I** — These classes are designed for ‘first-timers’ who may have never touched a racquet or for those who may have played a limited amount many years ago and want to start fresh. Players should be able to successfully serve, sustain a rally, and play games and sets following this class.
- Beginning II** (NTRP level 2.5 - 3.0) — Players will learn more advanced shots like drop shots, lobs, and begin to learn different spins. Technical work will be accompanied by drilling, point play and a great workout.
- Intermediate I** (NTRP level 3.0 - 3.5) — Players will get a good workout and will learn basic doubles strategies and advanced stroke techniques.
- Intermediate II** (NTRP level 3.5 - 4.0) — Intense drilling, shot making is accompanied by fun games, point play, king of court competitions, and live ball drills and games.
- Advanced** (NTRP level 4.0 - 4.5) — Constant movement, footwork, and a demanding workout.
- Cardio Tennis** (All levels) — Intense aerobic and non-aerobic workout keeps the pulse rate up and helps shed the pounds!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Beginning I</b>			6:30-7:30pm			10:00-11:00am	
<b>Beginning II &amp; Intermediate I</b>		6:30-8:00pm	7:30-9:00pm			8:30-10:00am	
<b>Intermediate II &amp; Advanced</b>		6:30-8:00pm	7:30-9:00pm			8:30-10:00am	
<b>MondayClinic—(Cardio ) (Free Members)</b>	7:30-8:30pm						
<b>Cardio Tennis</b>				7:00-8:00pm			
<b>Round Robin Singles</b>	\$\$\$ Round Robin 7:00-10:00pm						

**Cardio Tennis**  
Members—\$7  
Non Members—\$10

**Refunds & Make-Up Policy**

**No refunds on clinics.** Missed sessions may be made up during the current session provided that 24 hour notice is given that the clinic will be missed. All make-ups must be completed before the end of the session date.

**Monday Clinic—(Cardio)**  
**Free for Members!**  
**Drop-In: \$10**

\$\$\$ Round Robin Prices — \$10 Members; \$15 Non Members



# Fall 2009

## iTennis™ Adult Clinics

**November 2—December 20th, 2009**  
**7 Week Session**

	<b>Days</b> (circle applicable days)	<b>Cost</b>	<b>Drop-In</b>
<input type="checkbox"/> Beginning I	<b>Wed:</b> 6:30 - 7:30pm <b>Sat:</b> 10:00-11:00am	Member: \$15/class Non Member: \$18/class *Punch card available	Drop-In: \$20
<input type="checkbox"/> Beginning II & Intermediate I	<b>Tues:</b> 6:30 –8:00pm <b>Wed:</b> 7:30-9:00pm <b>Sat:</b> 8:30-10:00am	Member: \$18/class Non Member: \$23/class *Punch card available	Drop-In: \$25
<input type="checkbox"/> Intermediate II & Advanced	<b>Tues:</b> 6:30 –8:00pm <b>Wed:</b> 7:30-9:00pm <b>Sat:</b> 8:30-10:00am	Member: \$18/class Non Member: \$23/class *Punch card available	Drop-In: \$25
<input type="checkbox"/> Cardio Tennis	<b>Thurs:</b> 7:00-8:00pm	Members—\$7 Non Members—\$10	
<input type="checkbox"/> Monday Clinic (Cardio)	<b>Mon:</b> 7:30—8:30pm (Open to all Players)	Members <b>Free</b> Non-Members: \$10 Drop-In	
		___ 15% Entire Session Discount (If you sign up before September 7th, 2009)  ___ 10% Entire Session Discount (If you sign up before September 21, 2009)	
		Total _____	

**Method of Payment**

- Cash
- Check
- Credit Card

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Release of Liability**

In consideration of the acceptance of my application for iTennis classes, I hereby release and hold harmless iTennis, Inc., its officers, employees, and all independent contractors hired by iTennis to perform tennis instruction for all claims and demands of every kind, nature and character that I may acquire for any and all damages, losses or injuries that may be suffered or sustained by me or my child in connection with tennis instructions. I understand that engaging in tennis instruction can result in a number of possible injuries or medical issues including but not limited to physical injuries caused by stepping on loose balls, being hit by the tennis balls and/or racquets, pulled muscles, strains, and conditions resulting from physical exertion. I certify that I, or my child, have no known medical conditions that might be adversely affected by participation in the clinics.

**I have read, understood, and agree to the above Release of Liability.**

Signed \_\_\_\_\_ Dated \_\_\_\_\_