

# Longfellow Junior Tennis Program at Wayland

## USA Tennis for Juniors

### 2007 Session III Application

The **USA Tennis** program is designed for beginner to low intermediate tennis players, aged 8-14, regardless of athletic ability or experience. The program is designed to introduce young players to the great sport of tennis and to give them the necessary skills to have fun and be successful. All clinic participants must be Longfellow Club Members - one year junior membership is \$175. The following USA Tennis Clinics are open to Longfellow Club Members or pre-approved new candidates *based on space availability*. Please contact Jamey Finchum at 508-358-7355 x 307 or at [tennis@finchum.net](mailto:tennis@finchum.net) for more information.

The following clinics, with dates and prices, are available for the 2006-2007 Indoor Season:

<b><u>Monday</u></b> 3:30-5:00	<i>Beginner/Ad. Beginner</i> <i>Ages 8-10</i>	10 classes <b>\$380</b>	March 26 April 2, 9, 23, 30 May 7, 14, 21 June 4, 11
<b><u>Monday</u></b> 5:00-6:30	<i>Intermediate</i> <i>Ages 8-12</i>	10 classes <b>\$380</b>	March 26 April 2, 9, 23, 30 May 7, 14, 21 June 4, 11
<b><u>Wednesday</u></b> 4:30-6:00	<i>Intermediate</i> <i>Ages 8-12 (Girls Only)</i>	11 classes \$418	March 28 April 4, 11, 25 May 2, 9, 16, 23, 30 June 6, 13
<b><u>Friday</u></b> 3:30-5:00	<i>Beginner/Ad. Beginner</i> <i>Ages 8-10</i>	11 classes <b>\$418</b>	March 30 April 6, 13, 27 May 4, 11, 18, 25 June 1, 8, 15
<b><u>Friday</u></b> 5:00-6:30	<i>Intermediate</i> <i>Ages 10+</i>	11 classes <b>\$418</b>	March 30 April 6, 13, 27 May 4, 11, 18, 25 June 1, 8, 15
<b><u>Saturday</u></b> 12:30-2:00	<i>Advanced Beginner</i> <i>Ages 11+</i>	11 classes <b>\$418</b>	March 31 April 7, 14, 28 May 5, 12, 19, 26 June 2, 9, 16
<b><u>Sunday</u></b> 12:00-1:00	<i>Beginner</i> <i>Ages 8-10</i>	10 classes <b>\$260</b>	April 1, 15, 29 May 6, 13, 20, 27 June 3, 10, 17

Enrollment is open to all current players until Monday, March 5th.

Starting Monday, March 5<sup>th</sup> enrollment will open to all players on a first come, first serve basis depending on space.

*Note: There are no make ups for missed classes.*

**Please send payment to: The Longfellow Club, 524 Boston Post Rd, Wayland, MA 01778**

-----Please detach here and send in with payment-----

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Parent Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Clinic (Day and Time) \_\_\_\_\_

Clinic Payment Enclosed \$ \_\_\_\_\_ plus \$175 junior membership = \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*I recognize the risk of injury in any exercise program. My child is participating upon the expressed agreement and understanding that I am hereby waiving and releasing the above clubs from any and all claims, costs, liabilities and injuries incurred while on these premises.*

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_.