

# JUNIOR TENNIS PROGRAM

## RED BALL (AGES 4-6)

An introduction to tennis through basic fundamentals. This class focuses on fun & coordination

Days: Fridays

Times: 4:30p - 5:30p

Cost: \$180

1 class a week per 8 week session

\*in-house event included

## ORANGE BALL (AGES 7-12)

An emphasis on improving stroke mechanics, coordination, rally skills.

Days: Monday/Wednesday

Times: 4:30p - 5:30p

Cost: \$180 1 class a week per 8 week session

\$340 2 classes a week per 8 week session

\*in-house event included

## GREEN BALL (AGES 8-13)

For players who understand stroke mechanics. This class targets tennis specific footwork & point play.

Days: Monday/Wednesday

Times: 5:30p - 6:30p

Cost: \$180 1 class a week per 8 week session

\$340 2 classes a week per 8 week session

\*in-house event included

## YELLOW BALL (AGES 10+)

Designed for players who can apply all the strokes, have sound footwork & match experience.

Days: Tuesday/Thursday

Times: 4:30p - 6:00p

Cost: \$260 1 class a week per 8 week session

\$500 2 classes a week per 8 week session

\*in-house event included

## REGISTRATION



### PERSONAL INFORMATION

Full Name

Date of birth

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M	M		D	D		Y	Y

Address

Parent Name

Parent Phone

Parent Email



### SELECT SESSION, CLASS & DAY CHOICE

SUMMER

RED

MONDAY (O,G)

FALL

ORANGE

TUESDAY (Y)

WINTER

GREEN

WEDNESDAY (O,G)

SPRING

YELLOW

THURSDAY (Y)

FRIDAY (R)

### MORE INFORMATION

- JOIN ANYTIME, INCLUDES STARTING MID-SESSION. CLASSES WILL BE PRORATED.
- ALL CLASSES MUST BE COMPLETED WITHIN EACH SESSION. NO CLASSES ROLL INTO FUTURE SESSIONS.
- CANCELLATIONS DUE TO WEATHER OR UNFORESEEN CIRCUMSTANCES WILL HAVE A MAKE UP CLASS ADDED TO SESSION.

**CHECKS PAYABLE TO: KYLE REYNOLDS**

**NON-REFUNDABLE**

FOR MORE INFORMATION, CONTACT: JUNIOR COORDINATOR  
(925) 813-5363 - ZACHARYEA.BUSINESS@GMAIL.COM

#### Tennis Program Liability Waiver

We/I hereby give permission for my child(ren) to participate in all Diamond Hills Sports Club (DHSC) Junior Tennis activities on and off DHSC premises. In consideration for participation in this activity, I release DHSC and its employees and agents, from any liability which may arise as a result of accident or injury during the activity. In the event of an emergency, I give consent for medical care prescribed by a licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life and well-being of my dependent. We/I also release DHSC of any liability after the activity ends. Photos/videos taken of my child(ren) while involved in the activity may be used for publication and or advertisements. Registration of my child(ren) in this activity acts as consent for this usage.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

