

# PROGRAM SCHEDULE AUGUST 9, 2021-May 31, 2022

## PROGRAMS

**Tournament Player** - These programs are intense workouts focusing on the mental and physical aspects of technique and strategy within the game of tennis. We achieve this by tailoring our coaching techniques to get the most out of each player and his or her individual style of play. Each week will combine technique, point play, speed & agility plus mental toughness with a sports psychologist.

### Afternoon Programs

#### 3 Days

Monday, Wednesday & Friday

4:15 pm – 7:00 pm

\$800 per month

#### 5 Days

Monday thru Friday

4:15 pm – 7:00 pm

\$1300 per month

### Morning Program

#### 5 Days

Monday thru Friday

9:00 am – 11:00 am

\$1125 per month

Tournament level programs can be taken by the session at the cost of **\$90 per session**.

**Next Generation Camp** - This 10 & under "green dot" ball program is designed for the beginner player who wants to learn the fundamentals of tennis and who play beginner tournaments. We concentrate on stroke production, the rules and scoring of tennis, the proper movement on a tennis court and having fun.

5:15pm - 6:45pm

2 Day – Tues & Thurs \$200/Month

3 Day- Tues, Wed & Thurs \$300/month

**NOTES** - A month is defined from the 1<sup>st</sup> of a month to the last day of a month. \$25 late fee after the 5<sup>th</sup> of the month.

## POLICIES

Students may participate when:

- 1.Registration and medical release forms have been completed and signed. For students under 18, forms must be signed by a parent or legal guardian.
- 2.They have signed in on the sign-in sheet before each program session.
- 3.Payment has been received.
- 4.Rates are prepaid commitments and are not prorated for missed days. Selected days and times cannot be swapped for different days and times during the week/month.

#### **No make up days.**

- 5.Camp is not cancelled due to rain. The program will occur at the regular scheduled times and will consist of age/training level appropriate activities.

#### **No make up days.**

- 6.Students who engage in illegal activity, disrupt others or the community, and do not follow rules whether written or spoken by **Next Generation Tennis Academy** and the facility at which the academy is using will be dismissed from the program immediately. Students dismissed from the program will forfeit all or any portion of fees paid to **Next Generation Tennis Academy, LLC** for failure to comply.

- 7.**Cancellations**- At any time during the month if you decide to stop your training program you will forfeit all fees paid.

- 8.**Payments**- Due to this flexibility of our month to month programs it is mandatory that all students pre pay their monthly camp. Monthly payments for camp are due by the 1<sup>st</sup> day of camp each month. A **late fee** of \$25 will be assessed for payments received after the 5<sup>th</sup> of each month. In the case that a payment is not received by the 10<sup>th</sup> of the month, students will not be able to attend programs. A student can resume programs once payment has been received; any lost time will not be pro rated.

- 9.Policies are not negotiable.

# Next Generation Tennis Academy

Sarasota, Florida

**SCHOOL YEAR PROGRAM  
REGISTRATION FORM**  
August 9, 2021 – May 31, 2022



Phone: + 1-941-351-1750

Fax: + 1-941-351-1950

**www.NGTA.com**



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## PLEASE PRINT CLEARLY & FILL OUT COMPLETEY

### SECTION 1:

PROGRAM(s) (please circle) 3Day PM / 5Day PM / 4Day AM / Next Generation M W F

### SECTION 2:

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M or F  
ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ H: ( ) \_\_\_\_\_ - \_\_\_\_\_

C: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

T-SHIRT SIZE (circle one) S M L XL

RANKING: Sectional \_\_\_\_\_ National \_\_\_\_\_ ITF \_\_\_\_\_ ATP/WTA \_\_\_\_\_

### SECTION 2:

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ H: ( ) \_\_\_\_\_ - \_\_\_\_\_

C: ( ) \_\_\_\_\_ - \_\_\_\_\_ W: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

EMAIL \_\_\_\_\_

### SECTION 3:

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ H: ( ) \_\_\_\_\_ - \_\_\_\_\_

C: ( ) \_\_\_\_\_ - \_\_\_\_\_ W: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

EMAIL \_\_\_\_\_

By signing below I agree that I am the parent or legal guardian of the above student. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the Academy shall not be liable for any personal injuries, property damage, or loss sustained by me or my children during their participation in Next Generation Tennis Academy, LLC programs or while on the premises of Longwood Athletic Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the Academy or the negligence of any other persons present on Longwood athletic clubs premises. These conditions apply individually and/or jointly with other players, player's children or guests of players.

Next Generation Tennis Academy does not carry medical insurance for its students. It is required that all tennis students be covered by their own family insurance policies, and if injury occurs, it is understood that the student's own policy is your only source of reimbursement.

I hereby authorize the use of my child's name and likeness to be used on any/all promotional/advertising materials for Next Generation Tennis Academy. Promotional/advertising materials may include but are not limited to, website, brochures and press releases

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL EMERGENCY INFORMATION & RELEASE

TO WHOM IT MAY CONCERN: I hereby give consent to any hospital and/or doctor to administer emergency treatment to myself/my child in the event of an emergency, provided such treatment is imperative. I also give consent for myself/my child to be transported by ambulance if the situation warrants and will pay for all medical costs resulting from the necessary medical care.

Family Physician: \_\_\_\_\_

Office #: \_\_\_\_\_

State any allergies, disabilities, medical conditions or restrictions of the student:

Does the student receive any medication? YES NO

If yes, please list: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

(Please provide a copy of the front and back of the insurance card)

### SIGNATURE (required for medical release)

\_\_\_\_\_ DATE \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

H: ( ) \_\_\_\_\_ - \_\_\_\_\_ C: ( ) \_\_\_\_\_ - \_\_\_\_\_

W: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relation: \_\_\_\_\_

## TRANSPORTATION RELEASE (minors only)

I hereby give consent to **Next Generation Tennis Academy** and its representatives to transport my child by motor vehicle when necessary. Permission is granted for 08/1/2021 to 05/31/2022

I do not give permission for **Next Generation Tennis Academy** or its representatives to transport my child at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_