

(812) 479-3111 genesishealthclubs.com Tri-State Tennis Academy Middle/High School Tennis

Tri-State Tennis Academy – Summer 2024 Middle & High School Program Ages 11 - 18

MIDDLE SCHOOL ACADEMY Ages 11-13 (entering grades 6-8)

The middle school program is for those who are relatively new to tennis. Learn to rally and play is the theme of each class. The students will be exposed to all the basic skills of tennis including ground strokes, volleys, overheads and serves. The class will stress cooperation and competition in drill and play situations.

SCHEDULE OF CLASSES

Monday & Wednesday

4:00 - 5:30pm

SESSIONS

June 3 – June 26 (4 weeks)

July 1 – July 24 (4 weeks) (No class July 4)

HIGH SCHOOL ACADEMY Ages 13-18 (entering grades 9-12)

High School students will experience play situations and will refine their tactical/technical skills. Concepts of offense/defense will be introduced in both singles and doubles. Ball control exercises that enhance consistency, direction, depth and spin will be stressed. A variety of adaptive skills will be trained using dead ball drills, live ball drills and competitive play situations in all areas of the court.

SCHEDULE OF CLASSES

Tuesday & Thursday

4:00 - 5:30pm

SESSIONS

June 4 – June 27 (4 weeks)

July 2 – July 30 (4 weeks) (No class July 4)

2023 Summer Program Pricing -

Special MEMBER ONLY Discount: 2nd child 40% off - 3rd child and beyond 75% off

Member Fee: \$175/ Month \$350 for Full Summer Non-member Fee: \$205/ Month \$410 for Full Summer

Fees due at time of registration.

Richard Cooley
Program Director
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Tri-State Tennis Academy MS & HS SUMMER 2024 Program Registration Form

New Participants- Fill the form in its entirety.

Returning Participants- Fill the form as needed to update new contact information.

Parent/0	Guardian Name(s)							
Parent/0	Guardian Email(s)							
Address	S				_ City	State		_ Zip
Cell Pho	one	Daytime/Other Phone		Ev	ening/Other	Phone		
Emerge	ncy Contact Name		Phor	ne		_ Relation		
Full pay	ment must accompany	registration form.						
_		e Account Visa						/
Enclose	ed class fee(s) \$				(Checks	payable to Tri-St	ate Ath	letic Club®)
Child 1	- Student's Name		Age	Birthday	_	_ School		Grade
		C Days				_	/eeks	Days D
Child 2	- Student's Name		Age	Birthday		_ School		Grade
		C						
	Indicate the Weeks or D	ays						
Child 3 -	- Student's Name		Age	Birthday		_ School		Grade
		C	_	-				
	Indicate the Weeks or D	oays						
Payme 1. 2. 3.	Full payment must be in make-up missed classes. Fee is non-refundable expenses accompanied by accompanied by a participant so a student who issued a pro-result of the rescheduled, expenses a minimum and a make-up please control.	equirement, enrollment actuded with the registrations will be charged a pro-rate except as follows: sabilities, a pro-rated refur by a doctor's statement extend be given a pro-rated reduces not meet the skill level ted refund or credit. Cancelled, Tri-State shall reach participant shall be given that student shall be given to act a statement for act Richard Cooley 812-4 ancel, please contact Richard Cooley 81	n form. A studed fee for the and/credit shall plaining the natefund/credit shall requirement aske every efform a refund compared to be given a credit lesson refundeach class. A 79-3111. Make	dent enrollingeremainder of the condition of the conditio	g after the sta f the session m the date th disability or in s be cancelled ked to chang edule the class he cancelled d for the class pro-rated fee lowed to make	e refund is requestion and duration. It after the start of the to a compatible so the class calculates. If a participities.	the ses class o nnot be ant can session	en ssion. r will be not attend n. To request
Parent's	s Signature				Date			

