



Jack Schore Junior Programs 2016/17 (Sessions 4 & 5)

Session 4 (Mar 13-May 7), Session 5 (May 8-June 18)

Register for 14 weeks for the price of 13

Hall of Fame Coach Jack Schore & his award winning staff promise the best tennis instruction for you & your family.

Great Value, Great Coaches, Great Programs

New and Exciting! USTA 10 & Under

10U Program Developed by USTA Regional Training Center

FUN and exciting! For developing hand-eye coordination, movement, catching, hitting, balance and more.

Kids' Club Red (Ages 4-7 yrs) Recommended 1-2 days/wk

Kids' Club Red 1 (Beginner Program)

Mon, Wed, & Thurs 5-6pm

Sat 9-10am, 12-1pm, & 1-2pm(only Session 4)

Sun 12-1pm

Kids' Club Red 2 (Intermediate Program)

Mon, Wed, & Thurs 5-6pm

Sat 9-10am & 10-11am & 12-1pm, Sun 2-3pm

Kids' Club Red 3 (Invitation Only)

Sat 10-11am & 1-2pm, Sun 1-2pm

Cost: 8 wks \$180 (14 wks \$292.50)

Contact us for multi-day discounts

Kids' Club Orange (Ages 8-10 yrs) Recommended 2 days/wk

Orange 1

Mon 4:30-6pm, Sat 11am-12:30pm, Sun 12-1:30pm, 1:30-3pm

Orange 2 (Invitation only)

Mon & Fri 4:30-6pm, Sat 11am-12:30pm, Sun 12-1:30pm, 1:30-3pm

Orange 3 (Invitation only)

Fri 4:30-6pm, Sat 12:30-2:00pm

Cost: 8 wks \$270 (14 wks \$438.50)

Tournament Players

JR GOLD (Ages 8-13 yrs.) Recommended 2 or more days/wk

Tournament Preparation. Dedicated to a rigorous training regimen including match play, live-ball and feeding drills, and physical fitness.

Mondays, Tuesdays 5-7pm

Thursdays 6-8pm

Saturdays 12-2pm, 2-4pm

Sundays 10am-12pm, 2-4pm

8 wks \$375 (14 wks \$610)

Contact us for multi-day discounts

GOLD II (Ages 11-17 yrs.) Recommended 2 or more days/wk

Geared towards advanced middle school and high school players

Mondays 5-7pm, Thursdays 6-8pm, Fridays 7-9pm

Saturdays 12pm-2pm, 2-4pm

Sundays 10am-12pm, 2-4pm

8 wks \$375 (14 wks \$610)

Contact us for multi-day discounts

Beginner/Intermediate Players

BEGINNER-ADVANCED BEGINNER (Ages 10-16 yrs)

Our Great Basic Program. Tennis fundamentals & coordination drills to build a strong foundation for improvement.

Mondays 5-6pm, 6-7pm

Wednesdays 6-7pm

Thursdays 5-6pm

Fridays 6-7pm

Saturdays 10-11am, 11am-12pm, 2-3pm

Sundays 12-1pm, 1-2pm, 2-3pm

Cost: 8 wks \$180 (14 wks \$292.50)

Contact us for multi-day discounts

BEGINNER-INTERMEDIATE (Ages 10-17 yrs.) Levels 1 & 2

An intense and comprehensive two hours of instruction.

Fundamentals & advanced topics presented to groups based on age and ability.

Cost: 8 wks \$360 (14 wks \$585)

Mondays 5-7pm

Wednesdays 5-7pm

Thursdays 5-7pm

Saturdays 10am-12pm

Sundays 12-2pm

High School Players Only (Int-Adv)

Perfect preparation for Jr Team Tennis Players and HS team try-outs.

Special Price for Special Time Slot!

Cost: 8 wks \$225 (14 wks \$365)

Wednesdays 3:00-4:30pm

Program Start Dates:

Session 4: Week of Monday, Mar 13, 2017

Session 5: Week of Monday, May 8, 2017

\$50 fee for changes or cancellations. A medical information and release form must be completed prior to first class. Classes may be made-up during the same session on a space available basis. No refunds for missed classes. Please visit or call-in for discounts as discounts are not accessible online.

Coach approval or tryouts required for Red3, Orange3 and Tournament groups.

Montgomery TennisPlex

South Germantown Recreational Park

18010 Central Park Circle Boyds, MD 20841

(240)477-4430

www.MontgomeryTennisPlex.com



REGISTRATION INFORMATION ON REVERSE SIDE

Jack Schore Junior Programs 2016/2017

For Office Use Only

SCANNED on ____/____/____

Player's Name* _____ Age* _____

Day(s)/Time/Class _____

Address* _____

*** Select your Program or Event below ***
Red / Orange / Beg-Int / Jr. Gold/ Gold II /
Plex League / EDC / CTC / Tournaments /
Other (_____)

City* _____ State* _____ Zip* _____

Phone # (C)* _____ (H) _____

E-mail address* _____

There is a \$50 fee applicable to any changes or cancellations.

Payment Type: Cash Check (# _____)

Player's Birth Date* _____ Player's Shirt Size _____

Credit Card # _____ Exp. Date _____

School _____

Make checks payable to: **"Montgomery TennisPlex"**

18010 Central Park Circle, Boyds, MD 20841

Medical Information

Allergies: _____

Player's Physician: _____

Physician's Phone: _____

Insurance Company: _____

Policy # _____

Emergency Contact*: _____

Emerg. Contact Relationship*: _____

Emerg. Contact Phone*: _____

MEDICAL AUTHORIZATION

When I or the emergency contact cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

* = Required Field.

Montgomery TennisPlex Release and Indemnity

As a player, user or guest at Montgomery TennisPlex (MTP) facilities, I assume the risk of injury or death to myself and my invitees including any minor children for whom I am parent, legal guardian, custodian or otherwise responsible due to negligence by MTP, its manager JST Management LLC, Maryland-National Capital Park and Planning Commission (M-NCPPC) or any of their employees, managers, contractors, consultants or instructors. (Each such named party and each of their invitees are referred to as an "MTP Party.")

I agree to waive and release (i.e., give up) all rights that I, my heirs, representative(s) and/or assigns, and any minor children of mine, may make against any MTP Parties arising from any damages, injury, or death which I or any of my invitees might sustain as a result of any activity related in any way to MTP.

I further agree to indemnify and hold harmless MTP and its manager from any claims which may be made by me and/or any of my invitees or which might be made against me and/or any of my invitees by others, arising from any activity related in any way to MTP; and from any claims relating to any injury, death, loss of or damage to any personal property which might occur from any activity by me and/or my invitees related in any way to MTP.

I (on behalf of myself and any minor children invitees for whom I am parent, legal guardian, custodian or otherwise responsible) consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable.

WITHOUT LIMITATION OF THE FOREGOING, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I AND MY MINOR CHILDREN HAVE TO SUE OR MAKE A CLAIM AGAINST M-NCPPC, MTP, OR ANY OTHER MTP PARTY FOR ANY INJURIES ANY ONE OF US MIGHT SUSTAIN WHILE USING FACILITIES, EQUIPMENT AND/OR SERVICES PROVIDED BY MTP, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MTP AND ITS MANAGEMENT AGAINST CLAIMS BY ME AND/OR ANY OF MY INVITEES INCLUDING ALL MINOR CHILDREN I INVITE OR WHO ARE UNDER MY CARE.

Notwithstanding any other provision hereof, I do not give up any claim against a specific MTP Party for reckless and wanton conduct by that specific party. I attest that I am eighteen (18) years or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of camp, clinic or league. I also agree that MTP and its agents, sponsors, and employees may use my child's image and likeness in future promotions.

Signed * : _____ Date * : _____, 20____

(You must be 18 years of age or older to sign this form)

Please print your name* : _____ Relationship to Player * _____

CHECK IF APPLICABLE : I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting MTP's facility:
