

Junior Programs ~ Fall 2019

HIGH PERFORMANCE ACADEMY: Monthly Pricing
M-F 7:30am-9:00am & 3:00pm-5pm & After School HP M-F 5-7pm
Contact Pro Shop for more information on these programs

JUNIOR ACADEMY: 4 WEEK SESSIONS

Monday thru Thursday: 5pm-7pm

Non Member 2 days a week - \$425	Member 2 days a week - \$350	<u>DROP IN RATE:</u>
Non Member 3 days a week - \$500	Member 3 days a week - \$425	Drop in rate: \$60
Non Member 4 days a week - \$575	Member 4 days a week - \$500	

Session 1: Aug 19-Sept 12 (no tennis Sept 2/ Labor day)

Session 2: Sept 16-Oct 10

Session 3: Oct 14-Nov 7

Session 4: Nov 11-Dec 12 (no tennis the week of Nov 25th)

JUNIOR PATHWAY: 5 WEEK SESSIONS

Red Ball (ages 5&6)	Tuesday & Thursday 3:45-4:30 Saturday 9:15-10:00am	Member: 1 day \$75 NM: 1 day \$100 Member: 2 day \$150 NM: \$200
Red Ball (ages 7-9)	Tuesday & Thursday 4:30-5:30 Saturday 10am-11am	Member: 1 day \$75 NM: 1 day \$100 Member: 2 day \$150 NM: \$200
Orange Ball (ages 7-11)	Monday & Wednesday 4:30-6:00 Saturday 11am-12pm	Member: 1 day \$115 NM: 1 day \$150 Member: 2 day \$230 NM: \$300
Green/ Yellow (tournament level)	Tuesday & Thursday 5:30-7:00 Saturday 12:30-2pm	Member: 1 day \$115 NM: 1 day \$150 Member: 2 day \$230 NM: \$300

Session 1: Aug 27-Sept 29

Session 2: Sept 30-Nov 3

Session 3: Nov 4-Dec 15

No tennis the week of Nov. 25th – Dec 1st.

BILLING POLICY:

All pricing is monthly, except for High Performance. If you sign up in advance and miss a class you may make it up with in the same month by letting your coach know what day you will be coming. **Missed classes will NOT roll over to the next Session.** We do not prorate for VACATIONS, SICK DAYS, HOLIDAY, SPRING BREAK, POLO BREAKS, SCHOOL FUNCTIONS, ETC. .Polo Club has to pay coaches salaries regardless of missed days. Coaches will schedule make ups for rain days.

DISCLAIMER CLAUSE:

The Polo Tennis Club Academy & Polo Tennis Staff are not responsible for any injury sustained during tennis & fitness workouts. I hereby certify that _____ are authorized by a certified doctor to participate in any activities which require physical exercise.

Player(s) Name(s): _____ Parents Name: _____

Phone #: _____ E-mail: _____

Credit Card info: VISA Master Card Discover CC# _____ Exp: _____ Sec Code: _____

Zip Code where bill is mailed: _____ Signature to authorize Payment _____

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT
THE POLO TENNIS CLUB @ 512-829-4340