

JUNIOR ACADEMY PROGRAM

Grove Isle Tennis Center



2020 SPRING SESSIONS

March 30th - May 28th

(9 Weeks)

Academy Training

Mondays, Tuesdays, Wednesdays & Thursdays 5:00-7:00pm

Are you competing in USTA tournaments? Are you competing for your school team? If the answer is yes and you are looking for a program that caters to your needs, join us now! This is a high level, intense training program designed to challenge and motivate all students to make the necessary leap to the next level of their tennis game!

Academy Training Pricing:

	Members:	Non Members:	Member Drop-In:	Non Mem Drop-In:
1 day/week	\$369	\$405	\$45/day	\$50/day
2 days/week	\$720	\$792	\$45/day	\$50/day
3 days/week	\$1053	\$1161	\$45/day	\$50/day
4 days/week	\$1368	\$1512	\$45/day	\$50/day

Private & Semi Private Lessons Available

For more information or to sign up for a class, contact Ximena Trujillo at 305-860-4360 or email x.trujillo@cliffdrysdale.com

www.groveisletennis.com



Class Days/Times
Weekly on Mondays, Tuesdays, Wednesdays & Thursdays
5:00pm - 7:00pm

MEMBERS SESSION RATES:
1 day per week: \$369
2 days per week: \$720
3 days per week: \$1053
4 days per week: \$1368

NON MEMBER SESSION RATES:
1 day per week: \$405
2 days per week: \$792
3 days per week: \$1161
4 days per week: \$1512

Payment may be divided into 2 installments
1st payment due upon registration
2nd payment due May 1, 2020

DAILY DROP IN:
Members: \$45
Non Members: \$50

Please sign here to authorize a one year payment:

Printed Name: _____ Signature: _____ Date: _____

For internal Office Use Only:

1st payment paid upon registration? Yes _____ No _____ Amount _____ Date: _____ Director Signature _____

2nd payment paid on May 1st? Yes _____ No _____ Amount _____ Date: _____ Director Signature _____

Please circle the appropriate classes below:

Days: Mondays Tuesdays Wednesdays Thursdays

Child (1) Name _____ Age _____

Child (2) Name _____ Age _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____

Address _____

City/State/Zip _____

Parent/Guardian E-mail _____

Payment Information:

Member Account: _____

Credit Card* Cash Check

*If paying by credit card, please sign here and fill out the card information at the very bottom of this form.

Cardholder Signature _____ Date _____

Amount: \$ _____

* NO REFUND POLICY-- NO REFUNDS, FULL OR PARTIAL WILL BE ISSUED AFTER REGISTRATION IS ACCEPTED!

Public holidays and breaks during each session – Make up classes will be only given in case of rain and public holidays.

Liability Disclaimer – In consideration of the Grove Isle Tennis Center allowing my child/children participation in the program, myself and my child/children release Grove Isle Tennis Center, Cliff Drysdale Management and its partners and affiliated officers, directors, agents and employees from and waive all claims, damages and liabilities whatsoever for the property damage loss, personal injury or death arising from or in connection with my child/children's participation in the program. *Cliff Drysdale Tennis retains the rights to any video and/or photography taken during the program to be used for the company's publicity and advertising.*

Parent/Guardian Signature _____

Please make checks out to Grove Isle Tennis Center, 4 Grove Isle Dr, Coconut Grove, FL 33050

***Credit Card Information:**

Card # _____ Exp _____ / _____ CVV _____