

J-Devils Fall 2017 JUNIOR TENNIS CLINICS
900 Cedar Blvd., Mt. Lebanon, PA 15228
www.jdevils.com

Clinic Level	Day	Time	First Day Last Day	Off Dates	Student/ Pro Ratio	Total Hours	Cost	Max #
High Performance	Mon.	4-6 pm	Aug. 28 th Sept. 25 th	Sept. 4 th	5/1	8	\$144	25
High Perf. Level 1 (Invite only)	Sat.	12-2 pm	Aug 26 th Sept. 30 th	Sept. 2 nd	5/1	10	\$180	10
High Perf. (Invite only)	Sat.	2-4 pm	Aug. 26 th Sept. 30 th	Sept. 2 nd	5/1	10	\$180	10
High Perf/ Tourn. Training (Open)	Sat.	4-6 pm	Aug. 26 th Sept. 29 th	Sept. 2 nd	5/1	10	\$180	25
High Perf. (Invite Only)	Fri.	4-6 pm	Aug. 25 th Sept. 28 th	Sept. 1 st	5/1	10	\$180	10
Tournament Training/Intermediate	Fri.	4-6 pm	Sept 8 th Sept. 28 th	Sept. 1 st	5/1	8	\$136	20
Intermediate (Green Dot)	Sat.	2-4 pm	Sept 9 th Sept. 29 th	Sept. 2 nd	6/1	8	\$136	12
Beginners (Orange Dot)	Mon.	6-7 pm	Aug 28 th Sept. 25 th	Sept. 4 th	6/1	4	\$60	6
Beginners (Orange Dot)	Sat.	12-1 pm	Sept 9 th Sept. 30 th	Sept. 2 nd	6/1	4	\$60	6
Beginners (Orange Dot)	Fri.	6-7 pm	Sept 8 th Sept. 28 th	Sept. 1 st	6/1	4	\$60	6

High Performance (invite-only) criteria: For questions about invite clinics, contact Mark Pemu at 412-427-8908 or mrkpm7@gmail.com. **Clinic Policies:** All payments **MUST** be received by the first day of the clinic you are attending, unless approved by Hank. Rain-outs will be rescheduled as needed. A 10% discount is available for multiple children or multiple clinics. Pro/student ratio will be strictly adhered to. Please direct any questions to lebojdevils@gmail.com.

REGISTRATION FORM

Name _____ Phone(H) _____ (C) _____

Address: _____ Gender _____

Age: _____ E-Mail: _____ Birth date: M _____ D _____ Y _____

Clinic Level: _____ Day/Time: _____ Fee: _____

Make check payable to: Hank Hughes Mail form to: Hank Hughes, J-Devils Tennis Clinics, 900 Cedar Blvd- 2nd floor Pgh, Pa. 15228

I am the parent/legal guardian of _____ and hereby request that he/she be permitted to engage in athletic activities utilizing recreational facilities owned, operated, and/or maintained by the Municipality of Mt. Lebanon, Pa. I expressly acknowledge and recognize that participation in said athletic activities creates a risk of injury to person or property and hereby release, remise, and forever discharge the Municipality of Mt. Lebanon, Pa. and its officers, agents, and employees from any liability for any and all claims, suits, or cause of action arising from injuries to the person or property of _____ as a result of his/her use of recreational facilities owned, operated, and/or maintained by the Municipality of Mt. Lebanon, Pa. I have read this release and intending to be legally bound, have set my signature hereunder.

Parent/Guardian Signature _____ Date _____

Witness _____

Method of Payment: Cash _____ Check _____ Visa _____ MC _____