



J-Devils Spring 2018 JUNIOR TENNIS CLINICS



J-Devils Tennis Clinics will be held at the Mt. Lebanon Tennis Center, Cedar Blvd.
Please have children prepared to play outside! We will make sure they are hydrated!

Clinic Level	Day	Time	First Day Last Day	Off Dates	Student/ Pro Ratio	Total Hours	Cost	Max # per clinic
High Perf. Level 1	Mon.	4:00 - 6:00 pm	April 30 th June 11 th	May 28 th	5/1	12	\$216.00	20
High Perf. Level 1 (Invite)	Sat.	12:00 - 2:00 pm	April 14 th June 9 th	May 26 th	5/1	16	\$288.00	10
High Perf. Level 2	Sat.	2:00- 4:00 pm	April 14 th June 9 th	May 26 th	5/1	16	\$288.00	15
Tournament Training	Sat.	4:00-6:00 pm	April 14 th June 11 th	May 26 th	5/1	16	\$288.00	20
Tournament Training	Fri.	5:00- 7:00 pm	April 13 th June 15 th	May 25 th	5/1	18	\$324.00	20
Intermediate	Sat.	12:00- 2:00 pm	May 5 th June 9 th	May 26 th	6/1	10	\$170.00	12
Intermediate	Fri.	4:00-6:00 pm	May 4 th June 15 th	May 25 th	6/1	12	\$180.00	12
Beginners	Mon.	6:00- 7:00 pm	April 30 th June 11 th	May 28 th	6/1	6	\$90.00	6
Beginners	Sat.	11- 12:00 pm	May 5 th June 3 rd	May 26 th	6/1	6	\$90.00	6
Beginners	Fri.	6:00 - 7:00 pm	May 4 th June 2 nd	May 25 th	6/1	6	\$90.00	6

High Performance Level 2 criteria: Sectional or district USTA ranking, member of a high school tennis team and a strong work ethic. **High Performance Level** Players must contact Hank or Mark Pemu for placement in any of the High Performance Level clinics. Rainouts will be rescheduled as needed. A 10% discount is available for multiple children or multiple clinics.

Payments: All payments **MUST** be received by the first day of the clinic are attending, unless approved by Hank
Regarding make-ups: if you do not let me know at least 72 hours in advance that you will not be attending your clinic, no make-up class will be offered.

Pro/student ratio will be strictly adhered to. Please direct any questions to lebojdevils@gmail.com.

J-DEVILS SPRING 2018 REGISTRATION

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 it's 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 _____