



# J-Devils Spring 2019 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	May 6 <sup>th</sup> June 10 <sup>th</sup>	May 27 <sup>th</sup>	5/1	10	\$180	20
High Perf. Level 1 (Invite)	Sat.	11:00 - 1:30 pm	May 4 <sup>th</sup> June 15 <sup>th</sup>	May 25 <sup>th</sup>	5/1	15	\$270	10
High Perf. Level 2	Sat.	1:30- 4:00 pm	May 4 <sup>th</sup> June 15 <sup>th</sup>	May 25 <sup>th</sup>	5/1	15	\$270	15
Tournament Training	Sat.	4:00 - 6:00 pm	May 4 <sup>th</sup> June 15 <sup>th</sup>	May 25 <sup>th</sup>	5/1	12	\$216	20
Tournament Training	Fri.	4:00- 6:00 pm	May 3 <sup>rd</sup> June 14 <sup>th</sup>	May 24 <sup>th</sup>	5/1	12	\$216	20
Intermediate	Sat.	12:00- 2:00 pm	May 4 <sup>th</sup> June 15 <sup>th</sup>	May 25 <sup>th</sup>	6/1	12	\$204	12
Intermediate	Fri.	4:00 - 6:00 pm	May 3 <sup>rd</sup> June 14 <sup>th</sup>	May 24 <sup>th</sup>	6/1	12	\$204	12
Beginners	Mon.	6:00- 7:00 pm	May 6 <sup>th</sup> June 10 <sup>th</sup>	May 27 <sup>th</sup>	6/1	5	\$80	6
Beginners	Sat.	11:00 am- 12:00 pm	May 4 <sup>th</sup> June 15 <sup>th</sup>	May 25 <sup>th</sup>	6/1	6	\$96	6
Beginners	Fri.	6:00 - 7:00 pm	May 3 <sup>rd</sup> June 14 <sup>th</sup>	May 24 <sup>th</sup>	6/1	6	\$96	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](mailto:lebojdevils@gmail.com).

## J-DEVILS SPRING 2019 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- 2<sup>nd</sup> 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 \_\_\_\_\_