



J-Devils Jan – April 2018 JUNIOR TENNIS CLINICS



J-Devils Tennis Clinics will be held at the Mt. Lebanon Tennis Center, Cedar Blvd.

Clinic Level	Day	Time	First Day Last Day	Off Dates	Student/ Pro Ratio	Total Hours	Cost	Max # per clinic
High Performance (Invite Only)	Mon.	4- 6 pm	Jan. 8 th April 2 nd	None	5/1	26	\$468	10
High Performance	Mon.	4- 6 pm	Jan. 8 th April 2 nd	None	5/1	26	\$468	15
High Perf. Level 1 (Invite Only)	Sat.	12-2 pm	Jan. 6 th April 7 th	March 31 st	5/1	26	\$468	10
High Perf. (Invite Only)	Sat.	2-4 pm	Jan. 6 th April 7 th	March 31 st	5/1	26	\$468	15
HP/ Tourn. Training (Open)	Sat.	4-6 pm	Jan. 6 th April 7 th	March 31 st	5/1	26	\$468	25
Tournament Training	Fri.	4-6 pm	Jan. 5 th April 6 th	March 30 th	5/1	26	\$468	15
Intermediate (Green Dot)	Fri.	4-6 pm	Jan 5 th April 6 th	March 30 th	5/1	26	\$442	18
Intermediate (Green Dot)	Sat.	2-4 pm	Jan. 6 th April 7 th	March 31 st	6/1	26	\$442	12
Beginners (Orange Dot)	Mon.	6-7 pm	Jan. 8 th April 2 nd	None	6/1	13	\$208	6
Beginners (Orange Dot)	Sat.	3-4 pm	Jan. 6 th April 7 th	March 31 st	6/1	13	\$208	6
Beginners (Orange Dot)	Fri.	6-7 pm	Jan. 5 th April 6 th	March 30 th	6/1	13	\$208	6

All High Performance clinics are invite only. For placement in one of these clinics, please contact Mark Pemu at mrkpm7@gmail.com **or 412-427-8908.** 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. A 10% discount is available for multiple children or multiple clinics. Email: hank10spro@comcast.net or lebojdevils@gmail.com Website: www.jdevils.com Hank's cell# (412) 600-7011

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



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Name _____ Phone(H) _____ (C) _____

Address: _____ Gender _____

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

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

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