



## Summer 2019 Adult USTA Team Practice Program

### Program Features

- 12 Weeks of Instruction / Strategy Practice
- Practice: 1.5 Hr. Drills / .5 Hr. Match Play
- WRC assigned coach to each team
- Coach in attendance at 2 home matches
- New balls provided for home matches

### USTA Practice Program Benefits

- Complimentary same *day walk on Indoor /Outdoor court time*
- 20% Discount on Private /Semi Private Lessons & Adult Clinics/Programs for USTA Practice players and their families thru Aug 31, 2019

### **Registration Timetable**

<b>January 31, 2019</b>	<b>Deadline for full payment to receive \$50 discount off full share registration price</b>
March 2019	USTA Membership & Team Registration (Fee paid by member to USTA)
May 14, 2019	Summer USTA Team Practice Program begins
Aug 5, 2019	Summer USTA Team Practice Program ends

### Women's USTA Team Practices

<u>Level</u>	<u>Captain</u>	<u>Day</u>	<u>Time</u>
3.0	Otworth	Friday	9:30-11:30AM
3.0/3.5	Quinn	Thursday**	9:30-11:30AM
3.5	Charny/Reilly	Monday*	9:30-11:30AM
3.5	Bento/Schestag	Wednesday	9:30-11:30AM
4.0	Hanus/Murray	Wednesday	11:30-1:30PM
3.0/3.5	Open Practice	Tuesday	5:30-7:30PM
2.5-3.5	Open Practice (2 courts, 2 levels)	Monday*	7:30-9:30PM

\*No Practice Monday AM May 27<sup>th</sup> - Make-up date: Tuesday, May 28<sup>th</sup> 11:30AM-1:30PM

No Practice Monday PM May 27<sup>th</sup> - Make-up date: Tuesday, May 28<sup>th</sup> 7:30PM-9:30PM

\*\*No Practice Thursday AM July 4<sup>th</sup> – Make-up date: Friday July 5<sup>th</sup> 11:30AM-1:30PM

### Men's USTA Team Practices

3.5	Hubicki	Monday***	7:30-9:30PM
3.5	Hubicki	Tuesday	7:30-9:30PM
4.0	Depalo/Zollo	Monday***	7:30-9:30PM

\*\*\*No Practice Monday PM May 27<sup>th</sup> - Make-up date: Tuesday, May 28<sup>th</sup> 7:30PM-9:30PM

### Program

- Session:** Tuesday, May 14 – Monday, Aug 5, 2019 Twelve (12) weeks
- Practice Fee:** \$675.00 / per player / per 12-week practice. Membership required. Full Share registration only (no sharing of placements). Fees are due in full at time of registration.
- Match Fees:** Members are responsible for all home & away match fees (USTA - \$35.00 per player)
- Special offer:** Enroll in 2<sup>nd</sup> weekly practice and receive 20% off the additional team practice fee



**Adult and Junior Program Registration Form**

Name \_\_\_\_\_ Birthdate (juniors only) \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

*PAYMENT IS DUE AT TIME OF REGISTRATION – PLEASE SEE THE FRONT DESK*

**Select Program**

**Membership :** Junior < 18 \_\_\_\_\_ **Adult** \_\_\_\_\_ Senior >65 \_\_\_\_\_ Couple \_\_\_\_\_ Family \_\_\_\_\_

**League Play:** Women's \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**Women's / Men's Team Program:** Day \_\_\_\_\_ Time \_\_\_\_\_

**Seasonal Lesson:** Day \_\_\_\_\_ Time \_\_\_\_\_ **Clinic Lesson:** Day \_\_\_\_\_ Time \_\_\_\_\_

**Junior Program:** Pee Wee \_\_\_\_\_ Red \_\_\_\_\_ Orange \_\_\_\_\_ Green \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**Futures** \_\_\_\_\_ **Satellite** \_\_\_\_\_ **Varsity** \_\_\_\_\_ **Varsity Team** \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ **Match** \_\_\_\_\_

**USTA Match** \_\_\_\_\_ **Adult** \_\_\_\_\_ **Junior** \_\_\_\_\_ **Party** \_\_\_\_\_ **Cardio/ Point** \_\_\_\_\_ **Evaluation** \_\_\_\_\_

**USTA Summer** \_\_\_\_\_ **Team** \_\_\_\_\_ **Day** \_\_\_\_\_ **Level** \_\_\_\_\_

**WAIVER**

*I, as the participant and or as the legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by reason or in connection with my or his/her participation in any club program or activity; and I hereby release and discharge Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct of Weston Racquet Club, Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports and other described parties. Waiver: I, the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.*

**Signature:** \_\_\_\_\_ **Relationship (if signing for minor)** \_\_\_\_\_ **Date:** \_\_\_\_\_