

2017 Summer Junior Tennis



Session 1: June 5 – June 30

Deadline: Session 1: June 2

Session 2: July 3 – July 28

Deadline: Session 2: June 30

Ages	Days	Time	Member	Non-Member
Beginning Tennis Ages 5 - 6	Mon/Wed/Fri	8:30 – 9:00am	\$ 75	\$100
10 and Under (ages 7 – 10)	Mon/Wed/Fri	9:00 – 10:00am	\$165	\$195
11 and Up Beginner/Adv. Beg	Mon/Wed/Fri	10:00 – 11:00am	\$165	\$195
11 and Up Intermediate/Adv.	Mon/Wed/Fri	10:00 – 11:30am	\$250	\$290

Ages 5-6: For the New Kids on the Court, proper-sized racquets, low compression balls and mini-courts are used in order to introduce kids to the fundamentals of tennis, learning to play real points and having fun. Minimum 5 children

10 and Under Tennis: (Ages 7-10): Lessons will be taught following the U.S.T.A. (United States Tennis Association) designated 10 and under teaching format, utilizing smaller courts, low compression balls and proper-sized racquets. The emphasis is on developing the correct foundation in order to compete and have fun. Two courts will be divided by age and ability.

Junior Tennis (11 and up): These clinics are designed with an emphasis on developing and building fundamental tennis skills, strokes and mechanics. The goal is to introduce, prepare and advance players toward competitive match play. Separate courts will be utilized for different skill levels.

What to Bring: Proper athletic shoes, tennis racquet and a refillable water bottle (Langford Farms can provide a junior racquet if your child does not have one)



Head Pro Phil Dillon: Phil has been teaching tennis to youth and adults in the Nashville area since 1994. He joined Langford Farms in July 2015 and continues his work with both Juniors and Adults of all levels. For more information on private lessons, group clinics, the popular “Phil’s Drills” for adults, or questions about what group your child should register for, please contact Phil at 615/482-8791.

PLAYER REGISTRATION:

Child's Name: _____
 Date of Birth: _____ Age: _____ Sex: M / F
 Street Address: _____
 City, State, Zip: _____
 Group: _____

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Child's Name: _____
 Date of Birth: _____ Age: _____ Sex: M / F
 Street Address: _____
 City, State, Zip: _____
 Group: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____
 Relationship to Child: _____
 Street Address: _____
 City, State, Zip: _____
 Contact Number: _____
 Email Address: _____

Checks can be made payable to the Langford Farms Club.
 If you would like to pay via credit card, please provide the following:

Card # _____ Exp. _____
 Name on card _____
 CVV # _____

I grant permission for the above named child(ren) to participate in all planned clinic activities, and absolve the LFC and its personnel from any liability for injury or loss sustained by the child while engaged in such activities. I authorize the staff to provide emergency medical care at my expense. The LFC is not responsible for lost, stolen or damaged personal property.

 Signature of Parent or Guardian

 Date