



# 2019 SPRING JUNIOR TENNIS

## 8 WEEK SESSION

Dates: Tuesdays/Thursdays: Begins April 2nd– Ends May 23rd  
(2 cancellation dates are included in the session)



Age / Level	Days	Time	Cost	
			Member	Non-Member
Ages 5 – 6 (Beginning Tennis)	Tuesday/Thursday	3:30 – 4:00pm	\$103	\$129
Ages 7 – 10 (Beginner – Intermediate)	Tuesday/Thursday	4:00 – 5:00pm	\$206	\$258
11 and Up (Beginner/Adv. Beg.)	Tuesday/Thursday	5:00 – 6:30pm	\$309	\$360
11 and Up (Intermediate/Adv.)	Tuesday/Thursday	5:00 – 6:30pm	\$309	\$360

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

**10 and Under Tennis:** The emphasis is to have fun, compete, and develop the correct foundation of strokes utilizing kid-sized courts, low compression balls and proper sized racquets. The benefits are immediate and children are quickly learning to rally; playing real points and having fun. Separate courts will be utilized for different skill levels.

**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.



**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 looks to continue his work with both Juniors and Adults, from the Beginner to Advanced 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: \_\_\_\_\_

### Player Registration:

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 out 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 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 \_\_\_\_\_