

# 2020 FALL JUNIOR TENNIS



Check one or Both Sessions Below

Session 1 August 25 – September 24

Session 2 October 13 – November 12

Age	Days	Time	Cost	
			Member	Non-Member
Lit'l Tike Tennis (ages 5 – 6)	Tuesday/Thursday	3:30 - 4:00pm	\$70/session	\$90/session
10 and Under (ages 7 – 10)	Tuesday/Thursday	4:00 – 5:00pm	\$140/session	\$160/session
11 and Up Beginner/Adv. Beg.	Tuesday/Thursday	5:00 – 6:30pm	\$180/session	\$210/session
11 and Up/Intermediate/Adv.	Tuesday/Thursday	5:00 – 6:30pm	\$180/session	\$210/session

**What to Bring:** Tennis Racquet (or we can provide one), hat or visor, and a water bottle

**Lit'l Tike Tennis:** Development of key hand to eye coordination and ball tracking which are important for any sports activity. Scaled down balls and equipment make tennis much easier for the 1<sup>st</sup>-time player.

**10 and Under Tennis:** The emphasis is to have fun, compete, and develop the correct foundation of strokes utilizing appropriate 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 while learning the game.

**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 and organized team play.

**Registration Form:**

Player Name (1) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F Group: \_\_\_\_\_

Player Name (2) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F Group: \_\_\_\_\_

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

Parent Name \_\_\_\_\_ 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:  
 Name on card \_\_\_\_\_  
 Card # \_\_\_\_\_  
 CVV # \_\_\_\_\_ Exp. \_\_\_\_\_

I grant permission for the above named child(ren) to participate in all planned tennis 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.

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 Signature of Parent or Guardian Date