



Spring 2010 iTennis™ Adult Classes

**March 15, 2010 — June 6, 2010
(12 Week Session)**

- Beginning** — These classes are designed for ‘first-timers’ who may have never touched a racquet or for those who may have played a limited amount many years ago and want to start fresh. Players should be able to successfully serve, sustain a rally, and play games and sets following this class.
- Intermediate** (NTRP level 2.5 - 3.5) — Players will get a good workout and will learn basic doubles strategies and advanced stroke techniques, accompanied by fun games, point play, king of the court competitions, and live ball drills and games.
- Advanced** (NTRP level 3.5- 4.5) — Intense drilling, constant movement, footwork, and a demanding workout.
- Open** (NTRP level 4.5+) — Intense drilling, constant movement, footwork, and a demanding workout.
- Cardio Tennis** (All levels) — Intense aerobic and non-aerobic workout keeps the pulse rate up and helps shed the pounds!

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Beginning	-		-	6:00-7:30pm	-	-	10:30-12:00pm
Intermediate	-	9:00 -10:30am 6:00-7:30pm 7:30 -9:00pm	-	9:00 -10:30am 6:00-7:30pm 7:30 -9:00pm	-	9:00-10:30am	10:30-12:00pm
Advanced	-	6:00 -7:30pm	-	6:00-7:30pm	-	9:00-10:30am	-
Open	-	-	8:30-10:00am	-	-	-	-
Cardio Tennis	7:00-8:00 pm Cardio Tennis	-	-	-	9:00-10:00 am Cardio Tennis	-	-
Round Robin Doubles	Co-Ed Mixer* 7:00-9:00 pm	-	Wednesday Night Bonanza** 7:00-9:00 pm	-	-	-	-

* Co-ed Mixer — **FREE** for Members; \$10.00 for nonmembers
 Wed Night Bonanza — **FREE for Members; \$10.00 nonmembers

****Wed Night Bonanza** — 1st & 3rd Wednesdays of month—Stroke of the Week
 2nd Wednesday of month—Men’s Night round-robin
 4th Wed. of each month - Women’s Night round-robin
 5th Wednesday of month—Bonanza Surprise



Cardio Tennis

**10 Sessions + 1 Free: \$120
Drop-In: \$12**

*Members receive 15% off clinics fees
(except cardio tennis)

Refunds & Make-Up Policy

No refunds on clinics. Missed sessions may be made up during the current session provided that 24 hour notice is given that the clinic will be missed. All make-ups must be completed before the end of the session date.



Spring 2010 iTennis™ Adult Classes

**March 15, 2010 — June 6, 2010
(12 Week Session)**

	Days <small>(circle applicable days)</small>	Cost
<input type="checkbox"/> Beginning	Thurs 6pm / Sun 10:30am	\$300 / \$560
<input type="checkbox"/> Intermediate (NTRP 2.5-3.5)	Tues 9am / Tue 6pm / Tue 7:30pm / Thurs 9am / Thurs 6pm / Thurs 7:30pm / Sat 9am / Sun 10:30am	\$300 / \$560 / \$790
<input type="checkbox"/> Advanced (NTRP 3.5-4.5)	Tues 6pm / Thurs 6pm / Sat 9am	\$300 / \$560 / \$790
<input type="checkbox"/> Open (NTRP 4.5+)	Wed 8:30 am	\$300
<input type="checkbox"/> Cardio Tennis	Mon 7pm / Fri 9am (drop-in okay)	\$120 (10 sessions + 1 free) (punch card)
		___ 15% discount (members only)
	Total	_____

Method of Payment

<input type="checkbox"/> Cash	_____
	Name
<input type="checkbox"/> Check	_____
	Address
<input type="checkbox"/> Visa	_____
<input type="checkbox"/> MasterCard	_____
	Home Phone
<input type="checkbox"/> American Express	_____
	Cell Phone
<input type="checkbox"/> Charge to my membership account	_____
	Email

_____	_____
Credit Card #	Expiration Date

_____	_____
Signature	Today's Date

Release of Liability

In consideration of the acceptance of my application for iTennis classes, I hereby release and hold harmless iTennis, Inc., its officers, employees, and all independent contractors hired by iTennis to perform tennis instruction for all claims and demands of every kind, nature and character that I may acquire for any and all damages, losses or injuries that may be suffered or sustained by me or my child in connection with tennis instructions. I understand that engaging in tennis instruction can result in a number of possible injuries or medical issues including but not limited to physical injuries caused by stepping on loose balls, being hit by the tennis balls and/or racquets, pulled muscles, strains, and conditions resulting from physical exertion. I certify that I, or my child, have no known medical conditions that might be adversely affected by participation in the clinics.

I have read, understood, and agree to the above Release of Liability.

Signed _____ Dated _____