

2019 ACADEMY SUMMER TENNIS

June 24-August 22 • Monday-Thursday 3-5:30pm



ACADEMY SELECT LEVEL

USTA tournament level players ages 12-18.
Approval required by Head Coach.

Daily Schedule

- + Dynamic Warm up
- + Match Play
- + Technical Drills
- + Mental Toughness
- + Tactical Plays
- + Fitness
- + Serve & Return Development

Coaching Staff

John Bogdanovic - Head of Junior Development
Taylor Curran - Head Tennis Pro



FUTURES LEVEL

Up & coming tournament players ages 11-14.
Heavy emphasis on building fundamentals
and foundation.

Daily Schedule

- + Warm Up
- + Serve Development
- + Topspin
- + Slice
- + Fitness
- + Match Play Situations

Coaching Staff

Joe McDermott - Academy Futures Coach
Paula Driscoll - Senior Staff Coach

REGISTRATION, CANCELLATION & MAKE-UP POLICY

Registration: Payment is due before the first class. If you have not paid, your spot is not secure. It is your responsibility to contact Jillian at 508.906.1013 to provide payment information if you are a non-member or do not wish to be house-charged.

Coaches reserve the right to move your child to the proper class based on skill.

The Kingsbury Club reserves the right to cancel programs due to insufficient enrollment.

Refunds/Credits: No refunds or credits are issued once the program has started except for injury (accompanied by a doctor's note) or weather. Credits will be given for classes cancelled by the Kingsbury Club due to inclement weather.

Make-ups: A player has the opportunity to schedule one make-up class. Make-ups are available based on program space, your schedule, player skill and coaches approval. Classes must be made up within the same session. Advanced notice strengthens your chance of participating in a make-up class. We appreciate your patience and foresight in scheduling make-up classes. Make-up classes are NOT guaranteed.

2019 ACADEMY SELECT SUMMER REGISTRATION FORM

\$75/day Member • \$85/day Non Member

Participant's Name _____

DOB _____

Parent/Guardian Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Member Type:: Non-member Member

Method of payment: House Charge (members only)

Check/Cash

Credit Card: Card Type/# _____ Exp _____

M	Tu	W	Th	# Days	Amt.	Total
<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26	<input type="checkbox"/> 6/27			
<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	<input type="checkbox"/> 7/3				
<input type="checkbox"/> 7/4	<input type="checkbox"/> 7/5	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/7			
<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17	<input type="checkbox"/> 7/18			
<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24	<input type="checkbox"/> 7/25			
<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31	<input type="checkbox"/> 8/1			
<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7	<input type="checkbox"/> 8/10			
<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15			
<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/20	<input type="checkbox"/> 8/21	<input type="checkbox"/> 8/22			
Totals						

I realize that the tennis programs are of a physical nature and the Kingsbury Club, its shareholders, directors, officers, employees, representatives and agents cannot be held responsible for any loss, claim, injury, damage or liability sustained or incurred by child during participation in our programs on the premises of Kingsbury Club, 2 Ice House Road, Medfield, MA 02052.

The Kingsbury Club reserves the right to photograph program participants for publicity purposes, in print or electronic media.

Parent's Signature: _____ Date _____

2019 ACADEMY FUTURES SUMMER REGISTRATION FORM

\$65/day Member • \$75/day Non Member

Participant's Name _____

DOB _____

Parent/Guardian Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Member Type:: Non-member Member

Method of payment: House Charge (members only)

Check/Cash

Credit Card: Card Type/# _____ Exp _____

M	Tu	W	Th	# Days	Amt.	Total
<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26	<input type="checkbox"/> 6/27			
<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	<input type="checkbox"/> 7/3				
<input type="checkbox"/> 7/4	<input type="checkbox"/> 7/5	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/7			
<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17	<input type="checkbox"/> 7/18			
<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24	<input type="checkbox"/> 7/25			
<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31	<input type="checkbox"/> 8/1			
<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7	<input type="checkbox"/> 8/10			
<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15			
<input type="checkbox"/> 8/19	<input type="checkbox"/> 8/20	<input type="checkbox"/> 8/21	<input type="checkbox"/> 8/22			
Totals						

I realize that the tennis programs are of a physical nature and the Kingsbury Club, its shareholders, directors, officers, employees, representatives and agents cannot be held responsible for any loss, claim, injury, damage or liability sustained or incurred by child during participation in our programs on the premises of Kingsbury Club, 2 Ice House Road, Medfield, MA 02052.

The Kingsbury Club reserves the right to photograph program participants for publicity purposes, in print or electronic media.

Parent's Signature: _____ Date _____