

Winter 2020

IHP Youth Tennis



Winter Session #1

Session Dates: November 16th thru December 20th

Indianapolis Healthplex Certified Tennis Professionals use the most current teaching methodologies to help young players progress through the Junior Tennis Pathway! We start with Red Ball and progress to in the Yellow Ball in our Junior Programs. The long-term goal of the Red, Orange and Green Ball clinics is to get them playing Tennis fast using student centered learning with rally based teaching!!!

Little Aces: Red Ball on 36ft Court; Focus will be on general ball tracking/receiving; catching, rolling and trapping. Simple racquet skills will be introduced. Ages 4-5 and/or no prior tennis exposure.

Aces: Red Ball on 36ft Court; Focus will be on continued improvement on tracking/receiving skills. Simple racquet skills required to start a rally. Underhand serves will be introduced and used. Ages 6-8

Futures: Orange Ball on 60ft Court; Focus on basic court position, improved racquet skills used to rally. Introduction of overhead serve and volley. Improved point play. Ages 8-10 & have progressed through the Aces/Red Ball clinics.

Futures II: Green Ball on 78ft Court; Focus on recovery/court position along with intermediate racquet skills. Basic tactics, strategies & decisions making will be introduced. Ages 10-12 and have progressed through the Hot Shots/Orange Ball clinics.

****Players and/or parents must check into the building at the service desk prior to heading to the courts****

Healthplex encourages parents to watch clinics from the observation decks. Aces thru Futures II;
Healthplex coaches and players only on the courts.

Please contact an Indianapolis Healthplex Tennis Professional if needing help deciding what class best fits your child's needs to grow as a player.

For more information, contact any of our tennis professionals at 317-920-7400

Blake Crowther
Earl Allen
Cathy Rubey
Dell Pride
Shelly Wild

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☐ Little Aces

- ☐ Monday 6:15-7:00pm
- ☐ Saturdays 8:15-9:00am

\$41.25 Session/\$14.00 Drop-in
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☐ Aces

- ☐ Thursday 5:00-6:00pm
- ☐ Saturday 11:00-12:00pm

\$44.00 Session/\$17.00 Drop-in (No Class on 11/26)
\$44.00 Session/\$17.00 Drop-in (No Class on 12/5)

☐ Futures I

- ☐ Tuesday 5:00-6:00pm
- ☐ Thursday 6:00-7:00pm

\$55.00 Session/\$17.00 Drop-in
\$44.00 Session/\$17.00 Drop-in (No Class on 11/26)

☐ Futures II

- ☐ Monday 4:00-5:30pm
- ☐ Friday 5:30-7:00pm

\$99.35 Session/\$23.00 Drop-in
\$99.35 Session/\$23.00 Drop-in

On the first day of class, please show up 10-15min early to fill out the registration form at the service desk

Students Name _____ Parents Name _____
 Parents Email _____ Cell Phone _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Emergency _____
A credit card must be on file to charge to an account
 VISA MASTERCARD DISCOVER AMEX
 Name on Card _____ Card # _____ Exp. _____ CVV _____
 Signature _____ Date _____

- I. Full payment must be made before student attends class. Students enrolling after session start date will be charged a pro-rated price for the remainder of the session.
- II. There is a minimum and maximum enrollment for each class.
- III. Make-up arrangements must be made with Blake Crowther and are available with notice of student's absence. Make-ups must be done in the session in which they are missed; they do not carry over to the next session.
- IV. No-shows are qualified for make-ups.
- V. Call before showing up for drop-in to check if there is adequate space in the class. Players could be turned away.
- VI. For more information contact Blake Crowther at 317-920-7400 (x 1010) or bcrowther@indianapolishealthplx.com

1. Guests are subject to all policies and procedures of Indianapolis Healthplex here after known as IHP.
 2. Guests who violate any IHP policy or are deemed by IHP to be acting in any manner that is unacceptable will be required to leave immediately without any refund of applicable guest fees or service fees.
 3. Members bringing in guest who damage or remove any IHP property will be liable for all such damage or removal, whether intentional or not.
 4. Guest fees cover a continuous one-day session. Once the guest leaves IHP, an additional fee will be required to re-enter.
 5. Guests must provide proper photo identification (driver's license or state I.D.) upon each entry. Photo IDs will be returned upon exiting IHP.
 6. IHP maintains the right to refuse admission to any guest for any reason. Individuals who have been guests at IHP more than three (3) times will be invited to join as a member unless he/she can show proof that they are not resident of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby Counties or greater Indianapolis.
 7. My Signature indicates authorization that my picture can/will be taken for admission into IHP
 In consideration of being allowed to participate in any way in the IHP program, related events and activities, the signature acknowledges, appreciates and agrees that:
 1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death; and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or other, and assume full responsibility for my participation; and,
 3. I willing agree to comply with stated and customary terms and conditions for participants. If I observe any unusual significant concern in my readiness or participation and/or in the program itself, I will remove myself from participating and bring such to the attention of the nearest official immediately; and
 4. I, for myself and on the behalf of my/our heirs, assign person representative and next of kin, HEREBY RELEASE INDIANAPOLIS HEALTHPLEX, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owner and lessors of premises used to conduct the event ("Releases") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OR THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.
 5. I, for myself and on behalf of my/our heirs, assign personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participations in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.
 AS SIGNED ACKNOWLEDGE ON THE FRONT OF THIS FORM I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.