

Winter 2020

IHP Junior Tennis



Winter Session 3

Session Dates: February 10th thru March 22nd (6-week program)

Indianapolis Healthplex Certified Tennis Professionals use the most current, proven and effective teaching methodologies. Helping players progress through the Junior Tennis Pathway, reach their short & long goals and full potential. Student centered learning with rally based teaching!

Middle School Prep: Yellow ball on a 78ft court. Focus on improving visual ball tracking and court positioning. Looking to make technical advancements with racquet skills. Developing fundamental situational awareness along with basic tactics and strategies. Players will be asked to attempt to play with certain simple objectives.

High School JV/Varsity Prep: Focus on court position and situational awareness. Developing finer tools needed to be competitive in all situations. More advanced tactic and strategies. Players will be asked and expected to be able to play with more complex objectives.

High School Varsity: Heavily focused on situational awareness, recognition and decisions. Players will be asked and expected to play with complex objectives. Working to recognize and solve problems mentally and then apply proper tactics and strategies to be competitive in all situations.

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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- ☐ **Middle School Prep**
- ☐ Wednesday 4:00-6:00pm \$159.00 Session/\$32.00 Drop-in
 - ☐ Thursday 4:00-6:00pm \$159.00 Session/\$32.00 Drop-in
- ☐ **High School JV/Varsity Prep**
- ☐ Monday 5:00-7:00pm \$159.00 Session/\$32.00 Drop-in
 - ☐ Tuesday 4:00-6:00pm \$159.00 Session/\$32.00 Drop-in
- ☐ **High School Varsity**
- ☐ Contact Tennis Director regarding more information on this class offering and schedule.
 - Blake Crowther 317-920-7400 (x. 1010) bcrowther@indianapolishealthplex.com

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 _____

- 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 RELEASEES 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 ("Releasees") 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 RELEASEES 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