TENNIS CLUB OF ROCHESTER
JUNIOR TENNIS PROGRAMS & LESSONS

2019-2020 Indoor season

☐ Mighty Mites: (ages 4-5) (Red Ball)
  ☐ Tuesday 4:00-4:45pm
  ☐ Saturday 12:00-12:45pm
  ☐ Sunday 12:00-12:45pm
  Cost Per Session  Member $70  Non-Member $90

☐ Mighty Mites II: (ages 6-8) (Red Ball)
  ☐ Tuesday 4:45-5:30pm
  ☐ Saturday 12:45-1:30pm
  ☐ Sunday 12:45-1:30pm
  Cost Per Session  Member $70  Non-Member $90

☐ Next Wave: (ages 9-11) (Orange/Green Ball)
  ☐ Beginner
  ☐ Intermediate
  ☐ Thursday 4:30-5:30pm
  ☐ Saturday 3:00-4:00pm
  ☐ Sunday 1:30-2:30pm
  Cost Per Session  Member $130  Non-Member $150

☐ Teen Tennis 101: (ages 12-18)
  ☐ Wednesday 4:00-5:00pm
  ☐ Saturday 12:00-1:00pm
  ☐ Sunday 1:30-2:30pm
  Cost Per Session  Member $130  Non-Member $150

☐ TCR Modified Team: (ages 12-18)
  ☐ Wednesday 4:00-5:30pm
  ☐ Saturday 4:30-6:00pm
  ☐ Sunday 1:30-3:00pm
  Cost Per Session  Member $180  Non-Member $200

☐ TCR JV: (Middle & High School)
  ☐ Wednesday 4:00-5:30pm
  ☐ Saturday 4:30-6:00pm
  ☐ Sunday 3:00-4:30pm
  Cost Per Session  Member $180  Non-Member $200

☐ TCR VARSITY: (Middle & High School)
  ☐ Wednesday 4:00-5:30pm
  ☐ Saturday 4:30-6:00pm
  ☐ Sunday 3:00-4:30pm
  Cost Per Session  Member $180  Non-Member $200

Session Dates
Sessions are 6 weeks (6 Classes)
Please Select Session(s)
  ☐ Session #1: Sept 16 – Oct 27, 2019
  ☐ Session #2: Oct. 28 – Dec 15, 2019
    No class: 11/26 - 12/1
    Session 1 & 2 Make Up Week: 12/16 - 12/22/19
  ☐ Session #3: Jan. 6 – Feb. 16, 2020
    Session 3 & 4 Make Up Week: 4/6-4/12/20

No refunds or credits for classes not attended
A make-up week is provided as a courtesy for any missed classes

Privates Lessons are Offered
Lesson Rates Range from $65-75/hour
Contact Tom Linhart for more information:
tomtcr2@gmail.com (585) 381-2529 ext.130

Name: ____________________________  Gender:  □ Male  □ Female  DOB: __________ Phone #: ____________________________
Any known medical concerns or allergies: __________________________________________________________________________________________

Home Address: __________________________
City/State/Zip Code: __________________________
Parent/Guardian Contact Name: __________________________
Parent/Guardian Contact Number: __________________________
Parent/Guardian Email: __________________________

Parent/Guardian Agreement: TCR has permission to use photographs, slides or videotapes of my child in promotional materials such as brochures, ads, web sites, or newspaper releases. I will not be informed or reimbursed for such photographs. TCR athletic programs are structured activities and can be physically challenging. I hereby certify, after consultation with my health care provider, that this child is in a state of health appropriate to the activity and is capable of participating safely.

Any exceptions should be noted: __________________________________________________________________________________________

Parent/Guardian Signature __________________________  Date __________________________

Contact Tom Linhart for more Information: tomtcr2@gmail.com (585) 381-2529 ext.130

Office Use Only:
Membership Verified:  □ Member: □ Non-Member: □  Payment Received: Amt: _______  Cash □ Check □ □ # _______ Charge □
Profile completed? □ Yes  □ No  Staff Receiving Form: __________________________  Date: ______/______/______