

YELLOW TRANSITION

INNERCITY TENNIS

2019 SUMMER • Led by ICT's Performance Coaches

Based on your competitive experience and commitment to tennis, you are invited to join the 2019 Cities Academy Yellow Transition summer training group.

WHO? The Academy's transition group is for aspiring junior tennis players who are motivated to excel in USTA tournaments, in high school competition and beyond. Only juniors who have been evaluated by Maks Yorsh or Kathy Alex are invited. Led by Kathy Alex and Maks Yorsh. Fitness led by Aly Samabaly.

WHERE? Training is held at the **Reed Sweatt Family Tennis Center** at 4005 Nicollet Ave S, Mpls

WHEN? June 10 - August 29 **NOTE NEW TIMES**
Training: 8:30 am - 12:30 pm on Tue & Thu
Junior Team Tennis*: 1:00-3:30 pm on Tues
In-House Match Play*: 10:30-12:30 pm on Fri

WHAT? This program is focused on learning key tennis strategies and tactics. Includes tennis-specific athletic development and high intensity competitive practice matches. Each training day will include 2.5 hours of on court tennis specific training and 1 hour athletic development.

MISC - Changes to a player's schedule will be accepted up to three times during the summer; please email changes, at least 7 days in advance to: juniors@innercitytennis.org.

HOW MUCH?

\$65/day for Tuesday and Thursday training
 \$150/summer for 14U JTT on Tuesdays
 \$150/summer for In-House Match Play on Fridays

REGISTRATION OPTIONS*

• **Mail Registration and Payment:**
 InnerCity Tennis, Attn: Juniors
 4005 Nicollet Ave, Minneapolis, 55409

• **Email form to:**
 juniors@innercitytennis.org
 (your house account will be billed)

Note - there is no online registration for this program

Mark an "X" on the days that you want to attend (white boxes only) • \$65/day

JUNE				
M	Tu	W	Th	F
3	4 Boys	5 State	6 Tourn	7 ament
10	11 14U JTT	12	13	14 MP
17	18 14U JTT	19	20	21 MP
24	25 14U JTT	26	27	28 MP

JULY				
M	Tu	W	Th	F
1	2	3	4	5
8	9 14U JTT	10	11	12 MP
15	16 14U JTT	17	18	19 MP
22	23 14U SEC'NS	24	25	26 MP
29	30	31		

AUGUST				
M	Tu	W	Th	F
			1	2 MP
5	6	7	8	9 MP
12	13	14	15	16 MP
19	20	21	22	23 MP
26	27	28	29	30 MP

_____ + _____ + _____ = _____
Price/Day **14U JTT*** **In-House MP*** **Grand Total**
 (\$65/day) (\$150) (\$150)

***Optional Match Play:**

Sign up for the entire summer and attend when you are able.

PLAYER / HOUSEHOLD INFO

New to ICT

Player Cell _____

Player _____ Birth Date (Required) _____ Gender _____

School _____ Playing Position _____ USTA # _____ UTR _____

Ethnicity: American Indian Asian Black, African-American Caucasian Latino Other _____

Parent/Guardian 1 _____ Phone _____ Cell

Parent/Guardian 2 _____ Phone _____ Cell

Address _____ City _____ State _____ Zip _____

Household Email _____ Free / Reduced School Lunch Yes No

PAYMENT

Applying for a Scholarship? Please attach your scholarship application with this registration 25% 50% 75%

TOTAL FEE DUE: \$ _____ Payment Method: Cash Check Credit Card (This is a partial payment of \$ _____)

Name on Card _____ Card # _____ Exp ____ / ____

ACKNOWLEDGEMENTS / RELEASE

I understand and acknowledge that the activities directed by InnerCity Tennis (ICT) may be physically and mentally stressful and pose potential health risks to the participant. I certify that the participant is covered by health and dental insurance, is physically fit to participate, and has been instructed to immediately report any injury to a staff member. I understand that ICT makes no claims of medical knowledge or expertise and authorize any representative of ICT, in case of a medical emergency, to secure medical or dental treatment for the participant, and I assume full responsibility for all costs relating to such treatment. I authorize ICT to use photographs, videos, the name of participant, and any evaluations, surveys, or other records taken during the program for any reasonable purpose. I hereby accept all foreseen or unforeseen risks associated with these activities and agree for myself, my heirs, executors or anyone else who may claim on my behalf, to hold ICT and ICT board members, organizers, staff and agents harmless against any claims arising from participation. By signing below, I certify that I have read, understand and accept the foregoing.

Parent / Guardian _____ Date _____

OFFICE USE ONLY: DATE _____ PAID \$ _____ OR Account Billed

Scholarship Request Application Submitted