

HIGH PERFORMANCE

INNERCITYTENNIS

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 14U/18U High Performance summer training group.

WHO? The Academy's HP group is for aspiring junior tennis players who are motivated to excel in USTA tournaments, in high school competition and beyond. Only juniors (ages 11-18) with established USTA rankings and year-round tournament experience may join. Led by Isaac McBroom, Aly Samabaly and Kathy Alex.

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

WHEN? The HP Training group will meet from **8:30 am - 12:30 pm** on Mondays - Thursdays, June 10 - August 29 *NOTE NEW TIME*

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? When registering, each player purchases a block of training days to fit his or her schedule: **16-20 days (\$75/day)**, **21-30 days (\$70/day)**, or **31+ days (\$65/day)**. Siblings may combine their days to receive a lower per/day price.

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)

16-20 days (\$75/day) • 21-30 days (\$70/day) • 31+ days (\$65/day)

| JUNE | | | | | |
|------|------------|---------|------------|-------------|----------------|
| M | Tu | W | Th | Tournaments | |
| | | | | | 1/2 |
| 3 | 4 Boys | 5 State | 6 Tourn | 7 ament | 8/9 |
| 10 | 11 14U JTT | 12 | 13 18U JTT | 14 | 15/16 |
| 17 | 18 14U JTT | 19 | 20 18U JTT | 21 L3 | 22/23 Baseline |
| 24 | 25 14U JTT | 26 | 27 18U JTT | 28 | 29/30 |

| JULY | | | | | |
|----------------|-----------|---------------|------------|-------------|----------------|
| M | Tu | W | Th | Tournaments | |
| 1 | 2 | 3 | 4 | 5 | 6/7 |
| 8 | 9 14U JTT | 10 | 11 18U JTT | 12 Girls L5 | 13/14 Baseline |
| 15 14U/18U JTT | 16 AREAS | 17 | 18 | 19 Boys L5 | 20/21 Baseline |
| 22 14U | 23 SEC'NS | 24 18U SEC'NS | 25 Zonals | 26 | 27/28 |
| 29 | 30 | 31 | | | |

| AUGUST | | | | | |
|--------|----|----|----|-------------|----------------|
| M | Tu | W | Th | Tournaments | |
| | | | 1 | 2 | 3/4 |
| 5 | 6 | 7 | 8 | 9 | 10/11 |
| 12 | 13 | 14 | 15 | 16 Boys L5 | 17/18 Baseline |
| 19 | 20 | 21 | 22 | 23 | 24/25 |
| 26 | 27 | 28 | 29 | 30 | 31 |

$$\frac{\text{Price / Day}}{\text{Total Days}} \times \text{Total Days} + \text{JTT (\$150)} = \$ \text{Total Fee Due} - \text{10\% JTT Discount} = \$ \text{Grand Total}$$

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