

# WOMEN'S USTA TEAM PROGRAM

## 2024 - 2025 Indoor Season

### NY Eastern and Southern CT USTA Team Competition Available!

Exciting practices with emphasis on the competitive aspect of the game in a comfortable and social environment.

**Make New Friends! Have Fun! Enjoy a Life-long Sport!**

All Levels	Day	Time
2.5 Level	Thursday	10:00am - 12:00pm
3.0 Level	Tuesday	10:30am - 12:30pm
3.0 Level	Wednesday	10:00am - 12:00pm
3.5 Level	Monday	12:00pm - 2:00pm
4.0 & 4.5 Level	Monday	10:30am - 12:00pm

### Value Added Program Benefits

- 50% off your share open court rental fees (weekdays, 12:00-3:30pm)

**September 9, 2024 - April 27, 2025**

**2-hour clinic/week: \$2,985 • 1.5-hour clinic/week: \$2,245**

*\*Practice will not meet during the Holiday Break (12/23/24 - 1/1/25)*

Players are responsible for payment of home and away match fees

**Match participation limited to those registered in Practice Program**

For more information contact **Jana Hoeft** at [jhoeft@grandslamtennisclub.com](mailto:jhoeft@grandslamtennisclub.com) or call 914-234-9206.



**GRAND SLAM - GREAT TENNIS, GREAT TEACHING!**



## Grand Slam Health & Tennis Clubs, Inc. Program Registration Form

Participant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Select Women's USTA Team Program:

2.5 \_\_\_\_\_ 3.0 \_\_\_\_\_ 3.0 \_\_\_\_\_ 3.5 \_\_\_\_\_ 4.0 \_\_\_\_\_

### Tuition Payment

Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_ AMEX \_\_\_ VISA \_\_\_ MASTERCARD

Card # \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Amount: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

### Waiver

I, as the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me by any reason or in any connection with my in any club program or activity; and I hereby release and discharge Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., and any other described parties, for all injuries known or unknown which I have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc. and any other described parties.

Waiver: I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: \_\_\_\_\_