



2012 Future Champs Training

To register, complete the form on the back of this sheet and turn it in to the front desk or fax it to 301-779-8120.
For more information, contact us at 301-779-8000.

Session 3: January 31 – April 2nd (9 Weeks)

***By Invite and Approval Only of Future Champs Director**

Program Overview

Future Champs is a tournament-level training program that feeds into our coveted Champions Program. Merritt Johnson is the Director, and is assisted by the senior coaching staff of the Junior Tennis Champions Center. This program will challenge players with high intensity, high quality training sessions. Players are expected to play USTA sanctioned tournaments and those achieving the highest Mid-Atlantic rankings will be considered for our Champions Program. Practices will consist of progressive dead ball training, live ball and consistency work, and supervised point play.

Fitness Training

Fitness training is a critical component to success on the court. Part of each training session is devoted to fitness and footwork drills. Training will include thirty minutes of on court speed and agility drills with a focus on tennis specific footwork.

Schedule & Pricing

Future Champs will be offered every day of the week, both weekday and weekend sessions are two hour long. The players will be placed into appropriate groups based on their age and tennis abilities.

Monday - Friday	6pm-8pm	Member	\$585
Saturday and Sunday	1pm-3pm	Non-Member	\$790

Enrollment Contact

Direct all questions to Future Champs Program Director Merritt Johnson
Phone – (301) 779-8000
Email – Mjohnson@thetccp.com

General Information and Registration

1. Payment – Full payment must be made at time of registration. If you wish to mail a check, please mail to the following address with your name, program names, session date and day of week:

The Tennis Center at College Park
5200 Paint Branch Parkway
College Park, MD 20740

2. **NOTE: The price quoted is for one-day per week.**

3. Drop-In Policy- Members only are allowed to schedule drop-ins to instructional classes by registering with the front desk at least 72 hour prior to the class, depending on whether there is space. Payment of \$75.00 will also be due at that time.

4. Inclement Weather: Please call the tennis center at (301)-779-8000 or visit our website for updates: www.thetccp.com.

5. Cancellations and Withdrawals – Refunds or credits cannot be issued after a program has begun except for medical reasons.

6. A minimum of four people per clinic is required for the clinic to take place.

7. Make Up Procedures – Offered to Members Only. See the front desk to sign up for a makeup class. Request has to be at least 48 hrs in advance of class to be missed. Note that make-ups are not guaranteed. Maximum of two make ups per session. Make up classes cannot be carried over to the next session.

Training Registration

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

5% Member Discount for
Multi-Day Enrollment

Total Amount Enclosed \$ _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Credit Card Number _____ Expiration Date _____

I understand the nature and scope of the program listed. I understand that there are risks and dangers associated with the program. I understand that it is not the function of the Tennis Center at College Park, its employees, agents, operators or instructors to guarantee the safety of participants with respect to the program above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/program for the safety of himself/herself and the other participants. In consideration of the participants being permitted to enroll in the program, I hereby release, indemnify and hold harmless the Tennis Center at College Park, its employees, operators and instructors from any and all claims and demands, costs, charges and expenses for harm, injury, damage or loss which may be sustained by the participant as a result of, or relating to, participation in the program above. Refunds will only be given for medical reasons (physician's notice may be required for a medical refund). I have read and understand the above liability.

Signature _____ Date _____

*Director Approval _____ Date _____

