



SPRING SESSION 2021

April 26 – June 20* (8 weeks)

*Classes will not meet on Monday, May 31 (Memorial Day)

IGNiTE is the first step in Grand Slam’s Hitting Hot Junior Program. With the right size equipment, young players learn faster and love tennis forever! Our main goal is to start young players on their journey of learning to play tennis well!

CLUB STRAND

For players whose aspirations include learning the game and understanding the fundamentals.
All classes are 1 hour long and meet 1 class/week.

PLAYER STRAND

For players who want to fully engage in tennis and have aspiration to play competitively from young age.
Requires 2 classes/week & **IGNiTE** Director approval.

Tennis Whizz (age 3-5) Tuition: \$295 (Mon - \$245)

45 min classes

Monday- Friday	3:30
Friday	1:30
Saturday 11:00, 12:00	Sunday 1:00

Team Red (age 6-8)

Tuition: \$750

Mon & Wed 3:30-4:30

Team Orange (age 8-10)

Tuition: \$950

Tuesday & Thursday 4:30-5:30

Team Green (age 9-11)

Tuition: \$1,415

Tuesday & Thursday 4:30-6:00

Green Excel (age 9-10)

Tuition: \$1,690

Monday & Wednesday 4:00-6:00
Match Play Sunday 12-1pm

Red Ball 1, 2 (age 6-8) Tuition: \$400 (Mon - \$350)

Monday - Friday	3:30
Friday	1:30, 4:30
Saturday 11:00, 12:00	Sunday 1:00

Orange Ball 1, 2 (age 7-10) Tuition: \$465 (Mon-\$405)

Monday, Wednesday, Friday*	3:30, 4:30, 1:30*
Saturday 1:00	Sunday 1:00

Green Ball 1, 2 (age 9-11) Tuition: \$465 (Mon-\$405)

Monday - Friday	3:30
Friday	1:30, 4:30
Saturday 11:00, 1:00	Sunday 1:00

All **IGNiTE** PLAYERS (Ages 6+) ENJOY:
Complimentary supervised weekly practice

FRIDAYS 5:30-6:30



Contact Katerina Sevcikova at ksevcikova@grandslamtenniscub.com or call 914.234.9206

Grand Slam – Great Tennis, Great Teaching!
1 Bedford-Banksville Road Bedford, NY 10506

Grand Slam Health & Tennis Clubs, Inc Program Registration Form

Participant's Name: _____ DOB: _____

School: _____ Grade: _____ Email: _____

Address: Street _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Circle IGNI TE Program- Indicate Day/Time Requested

TW: Day _____ Time _____ **Red/Team Red:** Day _____ Time _____ **Orange/Team Orange:** Day _____ Time _____

Green/Team Green/Green Excel: Day _____ Time _____

Tuition Payment

Check: _____ **Cash:** _____ **Credit Card:** _____ Amex _____ Visa _____ MasterCard _____

Card #: _____ **Name on Card:** _____

Amount: _____ **Expiration Date:** _____ **Cardholder Signature:** _____

Payment / Refund Policies

Deposit – A \$500 per one-hour class deposit is required to reserve a class for the upcoming indoor season. The deposit is refundable prior to August 1st. After August 1st, the deposit is non-transferable or refundable.

Early Payments - Prepayments are refundable prior to August 1st. After August 1st, monies paid will be reduced by the deposit equivalent through September 1st. All refunds will be subject to a \$25.00 cancellation fee.

Balance due – Grand Slam will invoice balance due for all junior programs in August. Payments must be received no later than the 1st day of class.

Refund/ Credit - If a player discontinues participation after the season/session begins; an in-house credit will be provided for the remainder of classes less any cancellation fees. This credit may be applied toward any family future purchases at Grand Slam. Refunds will be issued only if the player moves more than 50 miles from their current residency or an injury prevents the player from participating for the remainder of the season. Documentation will be required prior to refund consideration. All refunds/credits after three weeks of a players' start date will be subject to a \$150 cancellation fee.

Make-ups – Grand Slam does not guarantee make-up sessions or provide credit for sessions missed. Players may make up two missed sessions per class purchased. All junior make-up sessions must be approved, scheduled through our Tennis Program Director, and completed prior to the end of the season in which they occur.

Parent/Guardian Waiver

I, as the legal guardian of 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 or my child for any reason or in any connection with my or his/her participation 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, or my children 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 by 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: _____ **Relationship:** _____ **Date:** _____