

HCC Junior Tennis Spring 2024

Spring Tennis Dates: March 25 - May 31 (with no programs April 22—26)

Registration Opens: 2/12 for Homestead owners and their tenants

2/19 for Non-resident members

2/26 for Non-members

Children's Tennis Policies:

- All clinics are held on the indoor courts.
- Children should bring their own water bottle.
- Please do not send your child if they are sick, or have stayed out of school due to illness.
- There is a minimum of 3 children needed to run each clinic.
- You will be notified and given a refund if we have to cancel a clinic.
- Homestead does not issue refunds or allow make ups for missed session days-please plan your schedule accordingly.

SPRING 2024 JUNIOR TENNIS CLINICS TIMES & REGISTRATION FORM ON BACK

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Mighty Mites (4-6 year olds) Emphasize hand-eye coordination, strokes, footwork, and most importantly FUN! This is an entry level 30 minute clinic, offered 1 -3 days per week. Free racquet if you're a 1st timer in our program!

Superstars (7-9 year olds) Work towards developing dependable strokes, ball placement, and consistency. This is an entry level 60 minute clinic, offered 1-3 days per week.

Junior Aces (10+ year olds) Proceeding towards more advanced tactics, and the technique needed to execute those tactics. More advanced point play is introduced. This is an intermediate level 60 minute clinic, offered 1-3 days per week.

High School Prep (12+ years old) This class is designed for players who have some tennis experience and are interested in refining their skills for future groups. This is an intermediate level 60 minute clinic, offered 1-3 days per week.

High School Advanced (14 + year olds) Players who are generally more experienced with match play. Education, exercise, and entertainment (having fun) is still the key. A sense of team spirit and good sportsmanship is developed with this group. This is an advanced level 90 minute clinic, offered 1-5 days per week.

Session Prices (9 weeks)

Mighty Mites (30 minutes)			
Days/week	Member Rate	Non Member	
1	\$135	\$225	
2	\$252	\$432	

\$621

\$351

Superstars, Jr Aces & H5 Prep (1 nour)			
Days/week	Member Rate	Non Member	
1	\$171	\$261	
2	\$324	\$504	
3	\$459	\$729	

High School Advanced (90 minutes) Days/week Member Rate Non Member 1 \$225 \$315 2 \$432 \$612

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2	\$432	\$612	
3	\$621	\$891	
4	\$828	\$1188	
5	\$1035	\$1485	



Homestead Spring 2024 Junior Tennis



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Mighty Mites (a	ages 4-6) 30 min l Entry level	High School P	rep (ages 12+) 60 min I Intermediate
□ Mondays	3:30-4:00pm	□ Tuesdays	4:00-5:00pm
□ Wednesdays	3:30-4:00pm	□ Thursdays	4:00-5:00pm
□ Fridays	3:30-4:00pm	□ Fridays	5:00-6:00pm
Superstars (ag	es 7-9) 60 min l Entry level	High School A	dvanced (ages 14+) 90 min I Advanced
□ Mondays `	4:00-5:00pm	□ Mondays	5:00-6:30pm
□ Wednesdays	•	□ Tuesdays	5:00-6:30pm
□ Fridays	4:00-5:00pm	□ Wednesdays	s 5:00-6:30pm
,		□ Thursdays	5:00-6:30pm
Junior Aces (a	ges 10+) 60 min l Intermediate	□ Fridays	5:00-6:30pm
□ Tuesdays `	4:00-5:00pm		
□ Thursdays	4:00-5:00pm		
□ Fridays Î	4:00-5:00pm		
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Registration Policies: There is a minimum of 3 children needed to run each clinic. You will be notified and given a full refund if we have to cancel a clinic. **Homestead does not issue refunds or allow make ups for missed session days**. If cancellations occur less than 7 days prior to the session starts we will credit your fees to the next session.

SPRING JUNIOR TENNIS CLINICS - 2024 REGISTRATION FORM - PLEASE CHECK CLINICS ABOVE

Liability Waiyer

Childe Full Name:		Liability Walvel
Cilius Full Ivallie		Please read carefully. This is a release of liability and waiver of legal rights I
Childs Date of Birth	& Grade:	acknowledge that participation in Homestead Court Club and Owners Association Tennis Programming is potentially hazardous and involves inherent dangers associated with tennis programming and that I am physically fit and capable of partici-
Parents Full Name:		pating in tennis programming. I assume all risks of all conditions. In consideration of the acceptance of this waiver, I, on behalf of myself, executors, heirs, and
Email Address:		next of kin, hereby assume all risks of any participation in tennis programming and release and discharge from any and all claims for any damage, for death, personal injury, property damage arising from any participation in the tennis program-
Phone Number:		ming at the Homestead Court Club/Homeowners Association, all Homestead Employees, and other participants (the "Released Parties"). I further agree that
□ Homestead Mem	ber#	any controversy or claim arising out of or relating to this agreement shall be set- tled by final and binding arbitration administered by the American Arbitration Asso-
□ Non-Member		ciation and judgment on the award rendered by the arbitrators, who shall have no authority to award punitive or other damages not measured by the prevailing party's actual damages, may be entered in any court having jurisdiction thereof. If
Total Amount Due:		I am signing this Liability Release on behalf of a minor (less than 18 years of age) (the "Child"), 1) I represent that I am the parent/legal guardian of such Child; 2) I
Method of Paymen		accept responsibility and agree to indemnify the Released Party for all of the Child's medical expenses incurred in connection with the tennis programming, any claims whatsoever brought by the Child, any claims whatsoever brought by the
□ Charge to my Ho	mestead Club Account	Child, any claims brought by a third party arising in connection with the Child; and
$\hfill\Box$ CC (Visa/Mastercard must be paid at front desk by the first		3) I acknowledge that I am signing this Release of Liability on behalf of the Child and that the Child will be bound by all terms of this Release Liability. This Re-
day)		lease of Liability supersedes any other agreement or representation by Released
□ Check #	(please attach to this form)	party and is governed by the Laws of the State of Colorado. 4) Lastly, I understand and agree to all COVID-19 policies and procedures. By signing below I
To be completed l	by staff	agree that I have read all the terms and conditions as listed above.
Date Paid:	Amount Paid:	Parent or Guardian Signature