

SEMINOLE HIGH-PERFORMANCE TENNIS AFTER SCHOOL PROGRAM

REGISTRATION PACKET 2024-2025

Seminole High Performance provides excellent instruction and promotes teamwork to achieve individual goals. Small groups and personalized instruction will be the cornerstone of our success. Our qualified staff will be committed to helping our players reach their highest potential whether it is at junior, collegiate or professional level. We also seek to:

- Provide a community environment for players to train.
- Practice team coaching with each athlete.
- Emphasize technical development.
- Focus on fun while competing.
- Demonstrate the importance of sportsmanship.
- Develop team unity.
- Provide guidance in scheduling, goals, and developmental plans.

Location: Mondays through Thursdays at FSU Indoor Courts 2566 Pottsdamer St, Tallahassee FL 32306

To reserve your spot, please contact Coach Nathalie Phelps at 850-264-2595.

SHP DEVELOPMENTAL PROGRAM This steppingstone program is designed to prepare your child for the Traditional High Performance After School Program. It focuses on fundamentals, fun, and sportsmanship. Participants will learn to keep score, play matches, use proper technique, and understand basic strategies. This program is ideal for beginner players with minimal training and no tournament experience.

___ 1 Day a Week **3:30 – 5:00** \$165/month

SHP TRADITIONAL PROGRAM This intermediate and advance program is a competitive, fun and enjoyable experience where they learn the fundamentals skills and techniques in order to help them achieve their tennis goals. Coaches are highly committed to the success of their players and are available to talk about each individual project with their players in order to create the best experience possible. ***Best Value:***
Unlimited Days: Monthly payments of \$450

___ 1 day/week \$220/month **4:30 – 6:30** M T W TH (please circle which day)

___ 2 days/week \$420/month **4:30 – 6:30** M T W TH (please circle which day)

SHP PREMIER PROGRAM This advanced program is geared towards tournament players that are ready to take their game seriously. They will be receiving 2 on 1 training with our top coaches to work on more individualized training plans. Players aspiring to enroll in the Premier Program **must be enrolled in the Traditional Program as well and spots are limited.** ***Best Value: Unlimited Days: Monthly payments of \$300***

___ 1 days/week for \$160/month **3:30 – 4:30** M T W TH (please circle which days)

___ 2 days/week for \$250/month **3:30 – 4:30** M T W TH (please circle which days)

REGISTRATION INFORMATION

1-Athlete Information -Please Print -

Name _____
Address _____
City/State/Zip code _____
Day of birth _____ Age _____ Gender _____

2-Athlete Information

Name _____
Day of birth _____ Age _____ Gender _____

Parent Information

Parent's Name _____
Email _____ Cell _____

Parents cellphone number will be added to receive e-mails & texts (weather report), announcements, monthly news etc. If you would like to add another cellphone number, please fill out the information below:

Name _____ Cell # _____

CREDIT OR DEBIT CARD PAYMENT AUTHORIZATION FORM

Payments are drafted at the beginning of each month. If your card is already on file, there's no need to resubmit it. However, please inform us if your card has been replaced so we can update our records.

Discounts:

- Pay half of the year (5 months) in advance and receive a 10% discount.
- Receive 10% off when enrolling a second sibling.

Card number: _____ Exp Date **MMYY** _____

CVV@ Code: _____ (Visa, MC & Disc: 3 digits on back if the card, Amex: 4 digits on the front of the card)

Card holder name: _____

Cell #: _____

Amount: \$ _____ monthly

Signature: _____ Date _____

Lina Guzman (shptennisfsu@gmail.com) must be notified with an e-mail at least 5 days in advance if your child is discontinuing a program. If notification is not received 5 days prior to the beginning of the month, your account will be charged. *Additional Drop-in lessons beyond selected days will have a cost of \$50 per session in the Traditional Program and \$40 per session in the Premier Program.**

LIABILITY RELEASE

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting my child to participate in **The Tennis Program**, I do for myself and my heirs, executors, administrators and assigns, hereby waive and release any and all rights and claims for damages which I may have against **the Tennis Program** as well as any other person connected with the activity including said person's heirs, executors, administrators, successors, and assigns for any and all injuries which my child may suffer while taking part in said activity or as a result thereof. It is agreed that all risks associated with watching and/or participating in **The Tennis Program** including but not limited to bodily injury, are assumed by the student and his/her parents and/or guardian, and that this assumption is acknowledged, approved, and agreed to by said student and his/her parents and/or legal guardian as indicated by their signature hereto.

I hereby certify that _____ is physically able to participate in **The Tennis Program** and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

PARENTAL AUTHORIZATION

I hereby give permission for my child to participate in **The Tennis Program**, and I further certify that the health history given to **The Tennis Program** is correct as far as I know and the "**Person In Charge**" has permission to engage in all prescribed activities, except as noted. **IN CASE OF EMERGENCY**, after following the procedures prescribed above, I hereby give permission to the physician or hospital selected by the **Person in Charge** to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Medical Release/Permission Slip Form

Please Fill Out Completely

Child's Name: _____ Home Phone (____)-____-____ Birthday
(M/D/Y) _____ Sex (M) _____ (F) _____ Age: _____
Street Address: _____
City: _____ State: _____ Zip: _____

MEDICAL RELEASE

In the event my child (children) becomes ill or is injured while under **The Tennis Program** supervision, I authorize the "**Person In Charge**" (defined as the person in charge of Seminole High Performance Tennis After School Program or the Person In Charge's designee) to take the following steps in the following order:

1. Contact the parent(s) of the child and follow his/her instructions. 2. In the event of an emergency when neither parent can be contacted, the **Person in Charge** will immediately attempt to contact the child's physician and follow his/her instructions. 3. If the child's physician cannot be immediately reached, the **Person in Charge** will use their own discretion in contacting a properly licensed practicing physician or the nearest hospital and follow his/her instructions. 4. At the same time as the preceding steps are occurring, I authorize the "**Person in Charge**" to call for/order emergency medical services for the child. If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the "**Person In Charge**" to furnish, on my behalf, such written or oral authorization as may be so required. Further, I release **The Tennis Program** and its representatives from any liabilities which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

ALLERGIES OR SPECIAL MEDICAL INFORMATION Statement of Health

Emergency Contact: Name _____ Phone Home (____)____-_____

Work (____)____-_____ Cell (____)____-_____

Alternate Emergency Contact: Name _____ Phone Home (____)____-_____

Work(____)____-_____ Cell (____)____-_____

Parent or guardian: _____ Employer: _____

ALLERGIES:

****All medications, including non-prescription drugs must be turned into the "Person in Charge" upon arrival.**

Signature _____ Date: _____