

**HUDSON VALLEY
HEALTH & TENNIS CLUB'S
RATES & DATES SUMMER 2010**

| I WEEK SESSION | WEEK DATES | COST | MAX KIDS |
|----------------|--------------------|----------|----------|
| #1 | June 28th-July 2nd | \$440.00 | 15 |
| #2 | July 5th-9th | \$440.00 | 15 |
| #3 | July 12th-16th | \$440.00 | 15 |
| #4 | July 19th-23rd | \$440.00 | 15 |
| #5 | July 26th-Jul 30th | \$440.00 | 15 |
| #6 | Aug 2nd-6th | \$440.00 | 15 |
| #7 | Aug 9th-13th | \$440.00 | 15 |
| #8 | Aug 16th-20th | \$440.00 | 15 |
| #9 | Aug 23rd-27th | \$440.00 | 15 |
| #10 | Aug 30th-Sept 3rd | \$440.00 | 15 |

*Discounts are available for children participating in two or more camps. Please see front of application for details.

**SIGN UP NOW
BEFORE IT'S TOO LATE!!**

For more information regarding Summer Program Camp and/or Fall 2010 After-School Junior Programs please contact our Tennis Director, Savina Diankova.

Hudson Valley Health & Tennis Club

Ph: 914-478-4400 ex. 15

Fx: 914-478-0037



**HVHTC
PROGRAM SCHEDULE**

TYPICAL DAY SCHEDULE

CHILDREN ARE TO ARRIVE 10:30 AM AND DEPART AT 3:30 PM DAILY. PLEASE REMEMBER TO BRING A RACQUET, HAT, SUNSCREEN & WATER BOTTLE.

MAXIMUM CHILD TO PRO RATIO IS 5:1.

10:30-11:30 AM-

GROUP INSTRUCTION, DRILL PRACTICE.
VIDEO ANALYSIS OF SWING.

11:30-12:30 PM-

SUPERVISED MATCH-PLAY FOR INTERMEDIATE & ADVANCED PLAYERS. CHARTING OF MATCHES. MODIFIED TENNIS FOR BEGINNERS.

12:30-1:15 PM-

LUNCH / DRINKS / CHIPS SUPPLIED

1:15-1:45 PM-

RELAXING TIME & FUN "COOL" DOWN GAMES.

1:45-3:30 PM-

MATCH PLAY AND INSTRUCTION DRILLS WITH SUPERVISED MATCH CHARTING.
ONE-ON-ONE COACHING.

YOUR CHILD'S NEEDS ARE IMPORTANT TO US. PLEASE DO NOT HESITATE TO CONTACT US DIRECTLY IF YOUR CHILD SHOULD EXPERIENCE ANY PROBLEMS AT CAMP. WE ARE HERE TO HELP !

Detach Here

PLEASE ENROLL MY CHILD(REN) IN THE HVHTC JUNIOR SUMMER TENNIS PROGRAM LOCATED AT 100 RIVER STREET IN HASTINGS-ON-HUDSON, N.Y.

PLEASE CHECK OFF CHOICE OF SESSION:

| | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> SESSION #1 JUNE 28-JUL 2 | <input type="checkbox"/> SESSION #2 JULY 5-9 | <input type="checkbox"/> SESSION #3 JULY 12-16 | <input type="checkbox"/> SESSION #4 JULY 19-23 | <input type="checkbox"/> SESSION #5 JUL 26-JUL 30 |
| <input type="checkbox"/> SESSION #6 AUG 2-6 | <input type="checkbox"/> SESSION #7 AUG 9-13 | <input type="checkbox"/> SESSION #8 AUG 16-20 | <input type="checkbox"/> SESSION #9 AUG 23-27 | <input type="checkbox"/> SESSION #10 AUG 30-SEPT 3 |

I understand that I am responsible for and liable for all payments until payment is made in full for the entire session, regardless of attendance. I also understand that all payments not received by the due date will be charged to my credit card. Applications must be accompanied by a payment in full. I here by authorize HVHTC to post charges for my child's classes to the following:

Payment Type: Visa/MC Amex/Other Check # _____ Cash

Name of Cardholder _____

Account # _____ Exp. Date _____

I prefer to pay by check/money order, but I understand that the above credit card will be charged in the full amount for all payments that are not received within 21 days of invoice date plus a finance charge of 1 1/2%.

I prefer to pay by credit card at all times and understand that the above account will be charged at the time each invoice is generated on my child's account with HVHTC. I will then receive a copy of the charge and the invoice towards which it was posted for verification.

Parent/Guardian Sign: _____ Date: _____

REGISTRATION FORM:

NAME: _____

APPLICANTS TENNIS EXPERIENCE:

BEGINNER INTERMEDIATE ADVANCED

SEX: MALE FEMALE AGE: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE(H): _____

PHONE (W): _____

PHONE (EMER.): _____

BILL RECEIVER: _____

PLEASE MAKE ALL CHECKS PAYABLE TO
HVHTC AND MAIL TO:
100 RIVER STREET, HASTINGS, NY 10706

RELEASE

I understand and acknowledge the risks of injury which are inherent in any program involving physical activity, and as the parent/guardian of: (Name of student) _____

I hereby waive and release any and all rights or claims for damages I may have against HVHTC, the program director/tennis professionals, any other sponsors and their respective representatives for any loss of property and any and all injuries sustained by the player in connection with any participation in this program.

I do hereby give my consent to medical care, emergency or otherwise, inclusive of necessary transportation in order to obtain such treatment, in the event of injury to or any other illness with my child.

Medical Insurance Carrier _____

Policy Number _____

I have read and hereby accept the conditions, policies and terms of payment described in the brochure and rate card.

Parent/Guardian Signature: _____

Date: _____

Do you have a friend we can send a brochure to?

Name: _____

Address: _____

For further information please call our Tennis Director, Savina Diankova at 478-4400 ex. 15. or visit us at www.hudsonvalleytennis.com.

Detach Here

HVHTC DAY PROGRAM

POLICIES - SUMMER 2010

TERMS OF PAYMENT

Upon receipt of your registration form we will send you an invoice detailing the session/s enrolled in, the balance and payment due. This will be your official "confirmation".

- This application must be accompanied by a full payment due on or before June 1st, 2010 for camps #1-5 and by July 15th for Camps #6-10. A payment in full is required for each camp your child will be attending. If you pay in full by April 1st, you will receive a 10% discount.

- All registrations received after June 1st, 2010 must be accompanied by full payment.

- All cancellations and/or requests for a change of enrollment dates must be in writing, and signed by a parent/guardian in order to be processed.

PLEASE NOTE: We can not honor verbal agreements.

- Please note that campers who have not paid in full may be refused admission upon arrival.

- Regardless of your payment method, (ie. cash, chk, cc) you must provide the credit card information requested on the registration form, which we will maintain on file as a guarantee. This is a requirement for registration and no exceptions will be made.

OTHER POLICIES

- In the event of days or times missed due to illness, injury or other circumstances beyond our control (other than rain), we regret that we can not provide "make-ups".

- Please phone us as soon as you know your children will be absent from any session.

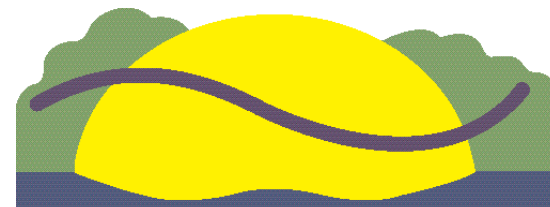
- We insist on good discipline and court etiquette. On the first day of each session, campers will be instructed of the rules and general code of conduct to abide while at camp.

- HVHTC will not be held responsible for any children's lost or damaged personal property.

- Parents will be held responsible for and will be billed for any damage caused by their children to the tennis courts, rooms, or any other HVHTC camp property.

YOUR CHILD'S NEEDS ARE IMPORTANT TO US. PLEASE DO NOT HESITATE TO CONTACT US DIRECTLY SHOULD HE/SHE BE EXPERIENCING ANY PROBLEMS AT CAMP.

WE ARE HERE TO HELP!



HUDSON VALLEY HEALTH & TENNIS CLUB JUNIOR SUMMER PROGRAM 2010

Hudson Valley Health & Tennis Club will continue to offer our Junior Summer Tennis Program. There are over eight one week sessions to choose from, all offering different levels of play. Also, each one week package includes tennis instruction by our certified pro staff, video analysis, fun tennis activities, and lunch/snacks in our air conditioned TV lounge area. HVHTC and its pro staff have planned an action packed summer for you!

Please note that a payment in full will be required for each camp your child will be participating in. Payments for camps #1-5 will be due by June 1st, and payments for camps #6-10 will be due by July 15th.

If you pay in full on or before April 1, 2010, you will receive a 5% discount. Also, if you sign up for 2 or more camps, you will receive a 5% discount off the total cost. If you sign up for 3 or more camps, you will receive a 10% discount off the total cost.

Our Tennis Director, Savina Diankova will be on site for all camps along with one of our Junior Pros, Sylvanus Abbey. All calls or queries should be directed to Savina at 478-4400 ex. 15 for this program.

