

2024 JR. FALL TENNIS PROGRAMS

OPEN TO MEMBERS & NON MEMBERS!



Choose A Program



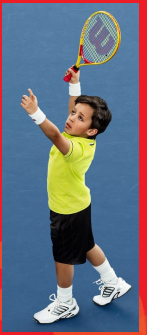
Pick A Day & Time



SIGN UP...TENFIT WILL DO THE REST!

**Free
Assessment**

BY APPOINTMENT ONLY



LOW STUDENT:COACH RATIO PROGRAMS

PROGRAMS BY OUR ADULT COACHING STAFF

QUICKSTART Jr. Beginner:

Classes are grouped by age. Ages 4-5 years old 6-8 years old 9-11 years old See page 2 for schedule & pricing

Learning tennis in a fashion that is easy, fun, co-operative, and progressive is what makes the Quickstart program great! Programming will ensure your child will learn and be ready to hit tennis balls consistently with a partner, and use learned skills to practice & continue playing. Fun, fitness, unique games and drills will all be incorporated into each lesson!



COURT SENSE—PRACTICE & PLAY (Intermediate + Advanced Levels)

Ages 9-11 or 12-14 See page 2 for schedule & pricing

This program is formatted in a way that works with participants who have playing experience and are looking to further develop rallying and playing techniques. Court Sense focuses on play led by our coaches who provide players with feedback and tips. An innovative format featuring live ball scenarios will be used to help pinpoint the importance of positioning and learned skills. Singles, doubles, and teams will be used in a fun and challenging program targeting each participant's individual skill level. Each court will feature one of our coaches who will lead and help improve play development.

♦ **RACKETS ARE AVAILABLE TO BORROW DURING ALL SESSIONS**

PLEASE CALL MARK
TEN•FIT
For A Healthy Lifestyle, Come For A Hit And Stay Fit !!

mark@northtorontotennis.com

PROGRESSIVE



TENNIS

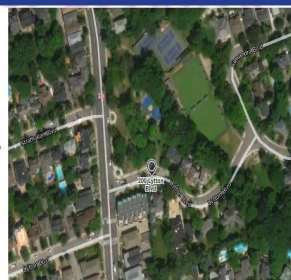


PROGRAMS



NORTH TORONTO TENNIS CLUB

NORTH TORONTO
TENNIS CLUB
200 LYTTON BLVD.
TORONTO, M4R 1L4
CARDIO KICK
HEART PUMPING FITNESS
Wilson



2024 FALL JUNIOR GROUP LESSON SCHEDULE

PROGRAM

DATES & TIMES

COST

QUICKSTART BEGINNER LEVEL

AGES: 4-5

6-8

9-11

*CLASSES GROUPED BY AGE AND SKILL
LEVEL*

TUESDAY 4:00-5:00PM
SEPTEMBER 10, 17, 24, OCT 1

THURSDAY 5:00-6:00PM
SEPTEMBER 12, 19, 26, OCT 3

FRIDAY 4:00-5:00PM
SEPTEMBER 13, 20, 27, OCT 4

SATURDAY 9:30-10:30AM
SATURDAY 10:30-11:30AM
SATURDAY 3:00-4:00PM
SEPTEMBER 7, 14, 21, 28

\$95.00/SESSION
(includes HST)
4 CLASSES

COURT SENSE INTERMEDIATE LEVEL U11 AGES 9-11

*SESSIONS ARE GROUPED BY AGE
AND SKILL LEVEL*

THURSDAY 4:00-5:00PM
SEPTEMBER 12, 19, 26, OCT 3

SATURDAY 4:00-5:00PM
SEPTEMBER 7, 14, 21, 28

\$95.00
(includes HST)
4 CLASSES

COURT SENSE INTERMEDIATE LEVEL U14 AGES 12-14

*SESSIONS ARE GROUPED BY AGE
AND SKILL LEVEL*

FRIDAY 5:00-6:00PM
SEPTEMBER 13, 20, 27, OCT 4

SATURDAY 5:00-6:00PM
SEPTEMBER 7, 14, 21, 28

\$95.00
(includes HST)
4 CLASSES

REGISTRATION FORM

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell/Office Phone: _____

E-mail Address: _____

Medical Condition / Health Concerns/Allergies:

Health Card Number: _____

Name of Parent or Guardian(s) (Junior Program only): _____

Date of Birth: Day _____ / Month _____ / Year _____ / Age _____

Gender (please circle) Male / Female

In case of emergency please contact: _____ Relation: _____

Phone Number: _____

DAY (please circle): TUESDAY THURSDAY FRIDAY SATURDAY

CLASS TYPE: (please circle) QUICKSTART COURT SENSE U11 / U14

PLEASE FILL IN DESIRED TIME: _____ **TOTAL AMOUNT \$** _____

PLEASE EMAIL COMPLETED FORM TO: mark@northtorontotennis.com

E TRANSFER PAYMENTS TO: mark@northtorontotennis.com

Waiver:

I, the undersigned, submit that my child is physically fit to participate in strenuous athletic activity and hereby waive and release Tenfit, their affiliates, employees, directors, facilities and all other related parties of any and all liability or responsibility in the case that my child should experience illness or injury during his/her participation in the program. I hereby authorize the staff of TenFit to act accordingly to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for any such medical expense over and above OHIP coverage. My signature on this waiver also indicates that the above named is covered by my personal insurance.

Applicant Signature: _____

Parent Signature: _____ Date: _____