2025 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**

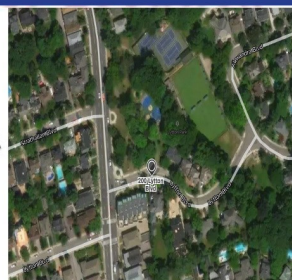PROGRESSIVE TENNIS PROGRAMS

RED ball   ORANGE ball   GREEN ball

NORTH TORONTO TENNIS CLUB

NORTH TORONTO TENNIS CLUB

**200 LYTTON BLVD.
TORONTO, M4R 1L4**

CARDIO TENNIS
HEART PUMPING FITNESS

Wilson

TEN·FIT
For A Healthy Lifestyle, Come For A Hit And Stay Fit !!

| mark@northtorontotennis.com |

2025 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 TUESDAY 5:00-6:00PM September 9, 16, 23, 30 THURSDAY 5:00-6:00PM September 11, 18, 25, October 2 FRIDAY 5:00-6:00PM September 12, 19, 26, October 3 SATURDAY 10:00-11:00AM SATURDAY 11:00AM-Noon SATURDAY 3:00-4:00PM September 13, 20, 27, October 4	**$105.00 / SESSION** *(includes HST)* **4 CLASSES**
COURT SENSE INTERMEDIATE LEVEL U12 AGES 9-12 *SESSIONS ARE GROUPED BY AGE AND SKILL LEVEL*	THURSDAY 4:00-5:00PM September 11, 18, 25, October 2 SATURDAY 4:00-5:00PM September 13, 20, 27, October 4	**$105.00 / SESSION** *(includes HST)* **4 CLASSES**
COURT SENSE INTERMEDIATE LEVEL U15 AGES 13-15 *SESSIONS ARE GROUPED BY AGE AND SKILL LEVEL*	FRIDAY 4:00-5:00PM September 12, 19, 26, October 3 SATURDAY 5:00-6:00PM September 13, 20, 27, October 4	**$105.00 / SESSION** *(includes HST)* **4 CLASSES**

MAKE-UP CLASSES ARE FOR WEATHER RELATED CANCELLATIONS ONLY

PLEASE CONTACT MARK WITH ANY REGISTRATION QUESTIONS: mark@northtorontotennis.com

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   U12 / U15

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: _____