



Training Schedule, Fees, Agreement

Name: _____ **DOB:** _____
Address: _____

PH: _____
Email: _____
Date: _____

SCHEDULE – Please indicate which days and program you prefer:

_____ Monday _____ Tuesday
 _____ Wednesday _____ Thursday
 _____ Friday

_____ **QuickStart:** 5:00 – 6:00 pm M/W/F

_____ **Day Program:** 1:00 – 3:00 pm Tues-Fri

_____ **Elite:** 4:00 – 6:30 pm Mon/Wed
 4:30 – 7:00 pm Tues/Thurs/
 Fri

_____ **Intermediate:** 6:00 – 8:00 pm Mon/Wed
 6:30 – 8:30 pm Thurs

Saturday: 10:00 am – 12:00 pm – Elite training
12:00 pm – 2:00 pm – Match play

For maximum improvement, players are suggested to do:

- 2 x or 3 x squad training weekly
- 2 - 4 private lessons a month
- 2 x matches weekly

ELITE PLAYERS: Must play in 2 tournaments a month to be in this squad.

INTERMEDIATE: Must play 1 tournament a month at least to be in this squad

FEES – Please choose one:

QuickStart

_____ 1 x a week = \$70.00/month
 _____ 2 x a week = \$110.00/month
 _____ 3 x a week = \$130.00/month

Intermediate

_____ 2 x a week = \$260.00/month
 _____ 3 x a week = \$280.00/month

Elite

_____ 2 x a week = \$290.00/month (2 week days plus Saturday session and match play)
 _____ 3 x a week = \$380.00/month (3 week days plus Saturday session and match play)
 _____ 4 x a week = \$450.00/month (4 week days plus Saturday session and match play)

_____ Full-time: All inclusive = \$1600.00/month
 **Or we can tailor a program to your needs

****Academy monthly fees include EAC player membership dues***

Initiation fee: \$40.00 – (Player binder, T-shirt, Hat, DVD)

Private Lesson - \$70.00/hour (academy players)
 Discount for 5 lessons paid in advance.

TOURNAMENTS

We take players to selected high level tournaments. This will help in assessing players better.

TOURNAMENT SCHEDULE

We have an in depth yearly schedule on the www.hobsontennis.com site, [Tournaments](#) page.

Please notify us, which tournament you would like to attend in advance, download the tournament form from the www.hobsontennis.com and send it in.

FEES

(Total Expenses* / Number of Players) + (Coaching fee \$40.00 per day (3+ players), \$60.00 per day (2 players), \$100.00 per day (1 player) x Number of Days) *Total Expenses include Room Rate and Transportation Cost.

We will arrange transportation, hotels, meals, scouting, warm up, match analysis, practice matches, extra training and conditioning.

PAYMENT POLICY

- The payment is **due by the 10th of each month to be brought to training.** There will be **\$20 late fee after the 10th.** If the payment is not received after the 10th, a reminder will be sent to you.
- Please make check payable to “Hobson Tennis LLC.”
- **Training is similar to a school program – if you miss your time, there is no reimbursement; but you can make up other days – please let us know before you come. Each athlete is paying for 4 weeks of training but is actually receiving 4 1/2 weeks of training each month – no pro rated months.**

Please Initial _____

CONDITIONING RULES

We feel this is an integral part of tennis and is mandatory. Players are expected to train with the trainer.

Please Initial _____

RELEASE OF ALL CLAIMS

I hereby release and forever discharge Ashley Hobson, Hobson Performance Tennis Academy, Hobson Tennis LLC and Training facilities, its employees, officers and agents from all actions, claims and demands by reason of any loss or injury which may be sustained by me during all training, tournaments, events and related activities. I hereby assume all risk of any such loss or injury.

If you agree with the above terms and conditions, please sign:

Player's Signature

Parent's Signature

Date: _____

PACT - Parent / Athlete / Coach = TEAM,

Performance Agreement

Philosophy of the Program

1. Great attitudes
 2. Commitment to training
 3. Strong work ethic
 4. Discipline
- NO bad behavior/attitude will be tolerated. No “prima donnas” Being a good person is as **important** to us as being a good player.
 - Please keep up to date with Academy info with the www.hobsontennis.com site – “Tournaments” has all the events, times on it on it
 - Learn to **cooperate** and **work together**. We want to build a “team” of players with good chemistry and unity – this enhances the training process.
 - NO swearing, NO smoking, NO alcohol, and NO drugs.
– These are absolutely inviolate rules.
 - We are here to train - no intra academy “dating”
 - Penalty system in place – two warnings then you will be asked to leave practice on the third.
 - Dress Code: No revealing clothing (such as bared midriff, spaghetti straps, low top, and see-through shirts).
 - Bring TWO freshly strung racquets to practice.
 - Understanding that this is a *serious training program* built on performance. Training with EFFORT and FOCUS!! No Texting
 - Fairness, sportsmanship, and integrity when competing
 - Attendance of strength and conditioning training is mandatory
 - Parents are definitely welcome to watch training at any time, but **not to intrude during training or in the training process** in any circumstances. Parents are required to have good behavior to opponents, parents and officials when attending tournaments with your son/daughter. If continued complaints are received about poor behavior at tournaments you may be asked to leave the academy.
-

Signature of acceptance of the above terms:

Player: _____ Parent: _____ Date: _____

HEALTH HISTORY & RELEASE FORM

Name _____

Sex: _____ Age: _____ Ht. _____ Wt: _____

HEALTH HISTORY

IF THE PLAYER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE

NOTE: _____

If the player will be taking medication during training, please indicate name of drug and dosage:

Please identify any medical condition or history which would require special attention:

Has the player had any of the following? (Please circle for YES): Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia

IMMUNIZATIONS

(include dates)

Tetanus Toxoid _____

Polio Vaccine _____

Tuberculin Test _____

Measles _____

Rubella _____

ALLERGIES

(yes/no)

Hay Fever _____

Asthma _____

Eczema _____

Insect Stings _____

Other (type) _____

DRUG REACTIONS

(yes/no)

Sulpha _____

Penicillin _____

Antibiotics (type) _____

Other _____

Physician's

Name _____

(Address) _____

(Telephone) _____

INSURANCE INFORMATION

Carrier Name: _____

Policy Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____