

HIGH PERFORMANCE JUNIOR TENNIS

Bogdan Grygorenko brings his extensive High Performance Tennis experience from the National level to Mayfair Parkway. In bringing his High Performance Program to Mayfair Parkway this Fall, Bogdan will provide a training environment focused on provincial, national and international level tennis players. Your child will learn life skills, tactics, techniques and develop the physical and psychological abilities necessary to reach their full potential on and off court.

Through the fitness component, the program will address injury prevention, core strength, lateral movement and speed training. Match play sessions will improve players' competitive edge and will work on the tactics and strategy.



"I'm looking forward to bringing my extensive High Performance background to Mayfair Parkway as I continue to focus on my goal of developing top level Provincial and National players."

Tryout Dates:

| | |
|------------|---------------------|
| 8-Aug-2020 | 10:30 am - 12:30 pm |
| 9-Aug-2020 | 10:30 am - 12:30 pm |
| 1-Sep-2020 | 4:30 pm - 6:30 pm |

For program tryouts, please email Ed Flanigan at parkwaytennis@mayfairclubs.com by August 5, 2020 for August 8th & 9th dates or August 27th, 2020 for September 1st date. Tryouts spaces are limited. Final program selections to be announced no later than September 3, 2020.

Covid Disclaimer: I am fully aware of the risks and hazards inherent in my attendance at the Premises and participation in the activities of the Club due to COVID-19 and I voluntarily, knowingly and freely assume all risks associated with participating in the activities of the Club and entering the Premises, including, but not limited to, my own actions or inactions (or the actions or inactions of my minor child/ward), the actions or inactions of others (including but not limited to the Club owners, officers, directors, managers, staff, volunteers or visitors), illnesses, infections, contact with others (including but not limited to the Club owners, officers, directors, managers, staff, volunteers or visitors), navigating any, and all, obstacles and any defects of the Premises. This waiver is in addition to and does not replace all other Mayfair Clubs waivers.



MAYFAIR PARKWAY

50 Steelcase Road East
Markham, ON L3R 1E8
(905) 475-0350

HIGH PERFORMANCE JUNIOR TENNIS



mayfairclubs.com

HIGH PERFORMANCE JUNIOR TENNIS PROGRAM

PROVINCIAL PROGRAM

September 8, 2020 - June 21, 2021 | 4:30 pm - 7:00 pm

Fees are based on two days weekly for 37 weeks (HST extra)

- **Mondays & Wednesdays**

Two (2) payments of \$3,285 (Sept. 20/20 & Dec. 20/20)

- **Tuesdays & Thursdays**

Two (2) payments of \$3,420 (Sept. 20/20 & Dec. 20/20)

NATIONAL PROGRAM

September 8, 2020 - June 21, 2021 | 1:30 pm - 4:30 pm

Fees are based on three days weekly for 37 weeks (HST extra)

- **Tuesdays, Wednesdays & Thursdays**

Two (2) payments of \$5,700 (Sept. 20/20 & Dec. 20/20)

GREEN DOT PROGRAM

September 8, 2020 - June 21, 2021 | 6:00 pm - 8:30 pm

Fees are based on two days weekly for 37 weeks (HST extra)

- **Mondays & Thursdays**

Two (2) payments of \$3,285 (Sept. 20/20 & Dec. 20/20)

MATCH PLAY FRIDAYS

September 8, 2020 - June 21, 2021 | 4:30 pm - 6:30 pm

Fees are based on one day weekly for 37 weeks (HST extra)

- Two (2) payments of \$925 (Sept. 20/20 & Dec. 20/20)

Players must be enrolled in either the Provincial, National or Green Dot program to join

CLASSES WILL NOT BE OFFERED ON:

Monday, October 14, 2020 (Thanksgiving)

December 21, 2020-January 1, 2021 (Holiday Break)

Monday, February 17, 2021 (Family Day)

March 15-19, 2021 (March Break)

Friday, April 4, 2021 (Good Friday)

Monday, May 18, 2021 (Victoria Day)

Mayfair Parkway reserves the right to cancel additional session dates as it deems necessary (refunds will be issued for those days).

CHOOSE PROGRAM (PLEASE CHECK):

Provincial Program

Mondays & Wednesdays

Tuesdays & Thursdays

National Program - Tuesdays, Wednesdays & Thursdays

Green Dot Program - Mondays & Thursdays

Match Play Fridays - Fridays

REGISTRATION DEADLINE IS AUGUST 28, 2020,

please submit form to:

Mayfair Parkway c/o Ed Flanigan 50 Steelcase Road East,
Markham, L3R 1E8 905.475.0350 ext. 3521

parkwaytennis@mayfairclubs.com

REGISTRATION

Participant's Information

| | | | |
|----------------------|--------------------------|----------------------|--|
| <input type="text"/> | | <input type="text"/> | |
| LAST NAME | FIRST NAME | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| MEMBER # | GENDER | DATE OF BIRTH | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| HEALTH CARD NUMBER | PHYSICIAN'S NAME & PHONE | | |
| <input type="text"/> | <input type="text"/> | | |

Please specify any medical conditions with regards to participant (allergies, special needs).

Parent/Guardian's Information

| | | | |
|----------------------|-----------------------------|----------------------|--|
| <input type="text"/> | | <input type="text"/> | |
| NAME(S) | RELATIONSHIP TO PARTICIPANT | | |
| <input type="text"/> | <input type="text"/> | | |
| ADDRESS | | | |
| <input type="text"/> | | <input type="text"/> | |
| CITY | POSTAL CODE | | |
| <input type="text"/> | <input type="text"/> | | |
| HOME PHONE | BUSINESS PHONE | | |
| <input type="text"/> | <input type="text"/> | | |
| CELL PHONE | E-MAIL | | |
| <input type="text"/> | <input type="text"/> | | |

By use of club facilities, I expressly agree that Mayfair Clubs, its officers, directors, employees, servants or agents, shall not be liable in any manner whatsoever for any damages of any nature or kind whatsoever arising from any injuries sustained by my child while in or about the premises of said facilities; nor shall Mayfair Clubs, its officers, directors, employees, servants or agents, be held liable for any loss or theft, however caused, whether such injury, loss or damage is caused by an act of negligence or omission of staff, management or any other person.

I hereby grant Mayfair Clubs permission to use any photographs or video of the participant in publications, displays, presentations or other related use in any format (print, electronic, www site, or other media) for the purpose of promoting Mayfair Clubs events, activities and projects. I waive any copyright or other rights I may have in use of images.

PARENT/GUARDIAN SIGNATURE

I, _____ hereby authorize Mayfair Clubs to charge my credit card for agreed upon purchases and services. I further understand and authorize Mayfair Clubs to keep the above credit card information on file, encrypted in our electronic system, for any future authorized transactions with Mayfair Clubs.

PAYMENT METHOD

Charge Member Account Charge Card On File Visa/Amex/MC

| | | | |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | | <input type="text"/> | |
| CREDIT CARD NUMBER | EXPIRY DATE | | |
| <input type="text"/> | <input type="text"/> | | |
| NAME ON CREDIT CARD | | | |
| <input type="text"/> | | | |

(SHRED AFTER USE)