

## HIGH PERFORMANCE JUNIOR TENNIS

The Mayfair Parkway High Performance Tennis Program teaches players the skills necessary to reach their full tennis potential. The program is led by Bogdan Grygorenko, TPA Coach 4, former Tennis Canada National Coach and former U14 National Team Captain. Now in its 3rd year, this program is designed to develop all facets of players games by focusing on their technical, tactical, physical, and psychological skills. Through the fitness component, the program will address injury prevention, core strength, lateral movement and speed training. Match play sessions are designed to improve players' competitive edge while putting tactics and strategy into play.



*"If I had to describe this program in one word it would be - development. The goal is to become the best you can as a person, as an athlete, and as a tennis player. If you want the same for your child this is the program for you."*

**- Bogdan Grygorenko**

### Tryout Dates:

August 20, 2021      4:30 pm - 5:30 pm  
September 11, 2021      10:30 am - 12:30 pm

For program tryouts, please email Bogdan Grygorenko at [bgrygorenko@gmail.com](mailto:bgrygorenko@gmail.com). Tryouts spaces are limited.

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**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 2021 - 2022



[mayfairclubs.com](http://mayfairclubs.com)

# HIGH PERFORMANCE JUNIOR TENNIS PROGRAM

## PROVINCIAL PROGRAM

September 7, 2021 - June 16, 2022 | 4:30 pm - 6:30 pm

Fees are based on two days weekly for 39 weeks (HST extra)

### • Mondays & Wednesdays

Four (4) payments of \$1,721 (Sept. 15 & Nov. 15/21 and Jan. 31, March 15/22)

### • Tuesdays & Thursdays

Four (4) payments of \$1,814 (Sept. 15 & Nov. 15/21 and Jan. 31, March 15/22)

## GREEN DOT PROGRAM

September 8, 2021 - June 16, 2022 | 6:30 pm - 8:30 pm

Fees are based on two days weekly for 39 weeks (HST extra)

### • Mondays & Thursdays

Four (4) payments of \$1,721 (Sept. 15 & Nov. 15/21 and Jan. 31, March 15/22)

## MATCH PLAY FRIDAYS

September 8, 2021 - June 21, 2022 | 4:30 pm - 6:30 pm

Fees are based on one day weekly for 38 weeks (HST extra)

### • Fridays

Four (4) payments of \$513 (Sept. 15 & Nov. 15/21 and Jan. 31, March 15/22)

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

## CLASSES WILL NOT BE OFFERED ON:

Monday, October 11, 2021 (Thanksgiving)

December 20, 2021-January 2, 2022 (Holiday Break)

Monday, February 21, 2022 (Family Day)

March 14-18, 2022 (March Break)

Monday, May 23, 2022 (Victoria Day)

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

## CHOOSE PROGRAM (PLEASE CHECK):

Provincial Program

Mondays & Wednesdays

Tuesdays & Thursdays

Green Dot Program - Mondays & Thursdays

Match Play Fridays - Fridays

## REGISTRATION DEADLINE IS AUGUST 31, 2021,

Please submit form to:

Mayfair Parkway 50 Steelcase Road East, Markham, L3R

Ed Flanigan

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"/> | <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"/> |                          |                      |                      |

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"/> |                      |                             |  |
| 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"/> |                      |
| NAME ON CREDIT CARD  |                      |

(SHRED AFTER USE)