**Billie Jean King Tennis Center** **1040 Park Ave, Long Beach, CA**

# TOP SPIN TENNIS ACADEMY

**PLAY SMART...** **...HIT TOPSPIN**

**Top Spin Tennis Academy is an independent tennis contractor operating mainly out of The Billie Jean King Tennis Center. TSTA has been providing services in the Greater Long Beach Area for the past 8 years. The Academy offers programs tailored to the specific needs of their clients such as age and skill level**

## JUNIOR PROGRAMS: Pee-Wee, Beginner

| Day | Time | Level | Age | Fee |
|---|---|---|---|---|
| **Monday through Thursday** | **4:30 – 6:00 p.m.**<br>**4:30 - 6:00 p.m.** | **Pee-Wee & Beginner** | **4 - 8** | **$80 for 4 sessions**<br>**Drop in $ 25** |

**JUNIOR TOURNAMENT LEVEL DEVELOPMENT PROGRAM: Advanced & Tournament**

| Day | Time | Level | Age | Fee |
|---|---|---|---|---|
| **Monday through Thursday** | **4:30 – 6:00 p.m.**<br>**4:30 – 6:00 p.m.** | **Adv & Tournament** | **8 - 16** | **$80 for 4 sessions (1 /week)**<br>**Drop in $25** |

***Note: ***Minimum 4 students per class required or pricing might change****

***Students have an option to practice from 1 up to max 4 times a week***

***Discount packages available – please consult directly with the coach*.**

**Classes conducted by:** **Halina or Mark Kucharski of Top Spin Tennis Academy**

**Contact info:** **Tel: 562- 477- 5350**
**E-mail: Topspinacademy@aol.com**
**Website: www.topspinacademy.com**

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Registration Form

Name _____ Tel " _____ Age _____

Address _____ City _____ Zip _____

E-mail address _____ Amount paid _____

MAKE CHECKS PAYABLE TO TOP SPIN ACADEMY

Waiver: I agree to indemnify and hold harmless Top Spin Tennis Academy or Mark & Halina Kucharski, form any liability, claim or action arising out of participation in the above program. I further certify that the participant is in good health and has no physical or other impediment, which would endanger him/her in participating in such activity. I herby consent to any x-ray, examination, anesthetic, medical, surgical diagnosis or treatment , and hospital care to be rendered to participant by any physician or hospital selected by TSTA staff for any liability or incident arising out of or connected with the above program.

Parent signature..... Date .....

**Private & group sessions available call Mark for more info 562-477-5350**