

# JUNIOR DEVELOPMENT

## COMPETITIVE TRAINING

Eldon Roark, Leftwich, or Wolbrecht Tennis Centers, led by  
Tennis Memphis Teaching Professionals under the direction of

Steve Smith

&

## NON-TRADITIONAL SCHEDULING

Eldon Roark Tennis Center-led by Consulting Director of Player  
Development and Education, Steve Smith

AUGUST 7-DECEMBER 17

JANUARY 2-MAY 17

The Competitive Training Program Plus and Non-Traditional Scheduling Program Plus at Tennis Memphis offers tennis instruction and training for players who have a strong technical and tactical foundation and who are ready to commit to more hours and higher intensity training. The Competitive Training Program Plus is scheduled around a traditional school schedule and the Non-Traditional Schedule Program Plus is designed for homeschooling students who are dedicated to full-time training.

Tennis Memphis works in partnership with GreatBase Tennis to provide Junior Development programming which thoroughly prepares young tennis players for the rigorous demands of competing in high-level junior and Division 1 college tennis. The primary goals of the Competitive Training Program Plus and the Non-Traditional Scheduling Program Plus are to focus and hone the player's mental and emotional game, while continuing to build a strong technical and tactical foundation. Students are also taught to maximize their tennis potential by establishing at-home practice routines (referred to as program "plus".) The documentation of player development is a critical part of the GBT system. All players must have a technical assessment to enter the program. Please see the attached form for more details.

The goal of these programs is to produce mentally and emotionally resilient players who have a strong technical and tactical base and who can successfully compete at the college level and beyond. The online component of our program can be found at [greatbasetennis.com](http://greatbasetennis.com). The website contains a wealth of information, including comprehensive online courses, daily blog, and a video archive, which will help accelerate the growth of your child's game. For more information about additional Tennis Memphis Junior Programs, please visit [tennismemphis.org](http://tennismemphis.org). Financial assistance is available. Contact Kim Jordan for details at (901) 374-0603 or

[info@tennismemphis.org](mailto:info@tennismemphis.org)

Sibling Discount 50%



FACT BASED  
INSTRUCTION

PROVEN METHODS,  
PROVEN RESULTS

PEER TEACHING

### TENNIS MEMPHIS

4145 Southern Ave.,  
Memphis, TN 38117  
(901) 685-7907

[Tennismemphis.org](http://Tennismemphis.org)



## Program Details and Registration

Program (hours attended per month)	Days of week/times offered	Price per month 50% Sibling Discount
<b>Non-traditional Scheduling Program Plus 140 Hours offered at Eldon Roark only</b>	M, W, & Th 10 am-4:00* pm, Tuesday 12 noon-6 pm. Friday, 6 am- 10:30 am, <i>*Study Hall-M, W, &amp; Th 7:30-10 am &amp; 4-6 pm. Tuesday from 10-12 noon. Saturday, 9 am-4:00 pm, Sunday, 1:30-4:30 pm</i>	\$1050 per month
<b>80 Hours Program Plus (combination of 40 hour weekday/40 hour weekend )</b>	Monday-Friday, 4-6 pm, <b>Leftwich, and Wolbrecht</b> Saturday, 9 am-4:00 pm, Sunday, 1:30-4:30 pm at <b>Eldon Roark</b>	\$680 per month
<b>40 Hours Program Plus (weekday)</b>	<b>Leftwich and Wolbrecht</b> -Monday-Friday, 4-6 pm	\$400 per month
<b>30 hours Program Plus (weekday)</b>	<b>Leftwich and Wolbrecht</b> -Monday-Friday, 4-6 pm	\$315 per month
<b>24 hours Program Plus (weekday)</b>	<b>Leftwich and Wolbrecht</b> -Monday-Friday, 4-6 pm	\$264 per month
<b>18 hours Program Plus (weekday)</b>	<b>Leftwich and Wolbrecht</b> -Monday-Friday, 4-6 pm	\$207 per month
<b>Drop-in fee (per hour)</b>		\$14 per hour

Program (hours attended per month)	Days of week/times offered	Price per month
<b>40 hours Program Plus (weekend)</b>	Saturday, 9:00 am-4:00 pm, Sunday, 1:30-4:30 pm at <b>Eldon Roark only</b>	<b>\$400 per month</b>
<b>Drop-in weekend</b> Participants must be enrolled in the weekday Junior Development in order to be eligible for the lower rate.	Saturday, 9:00 am-4:00 pm, Sunday, 1:30 -4:30 pm at <b>Eldon Roark only</b>	\$125 per weekend, \$14 per hour <b>\$175 per weekend, \$20 per hour (not enrolled in JD.</b>

All NTS programming and all weekend CT programs are held only at Eldon Roark Tennis Center and are led by Steve Smith. 80 program + and 40 program + weekday hours may be attended at Leftwich or Wolbrecht Tennis Centers. Financial assistance is available. Contact Arnold Thompson for details-(901) 596-0637 or at@tennismemphis.org.

Program \_\_\_\_\_

Number of Days: \_\_\_\_\_ Days Attending: \_\_\_\_\_ Time Attending: \_\_\_\_\_

Tennis Center attending during the week -if applicable \_\_\_\_\_

Full Name of Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Payment amount: \_\_\_\_\_

Email: \_\_\_\_\_ Payment type: \_\_\_\_\_

**WAIVER, RELEASE & AUTHORIZATION**

I, the undersigned parent/guardian, hereby consent for my child to participate in Youth Tennis Clinics. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Great Base Tennis, Tennis Memphis and any sponsors of the program and its respective employees, staff, board members, officers, agents, successors. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of, or in any way connected with the program, and assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of its terms and hereby execute voluntarily, with all knowledge and understanding of its significance. **PUBLICITY RELEASE:** I hereby give my consent for my child to be interviewed or photographed by the media and Tennis Memphis for purposes of website, social media, marketing, advertising, or newspaper publication. **PARENT'S AUTHORIZATION:** If I cannot be reached in an emergency, I hereby authorize any medical assistance or treatment deemed necessary in the event of any injury to my child while participating in any program activity. I agree that if my child does not have appropriate insurance coverage, I will pay all costs of medical services incurred on his or her behalf. **Parent Signature:** \_\_\_\_\_