

2018 Bakersfield Racquet Club After School Tennis Program



Director of Tennis: Mark Fredriksz, USPTA/ USPTR. BRC 1660 Pine Street. Bakersfield, CA 93301 (661) 325.8652

CLASS DESCRIPTIONS

MIGHTY MITE CLASS Monday and Wednesday 3:30- 4:30 PM

The beginners class is designed for kids (4-7) that have never played tennis. We introduce the basic fundamentals of the game which include forehand, backhand, approach and net play, overheads, serves and return of serves. Rules, scoring and tennis etiquette are also stressed. We emphasize the Game Based System and USTA QuickStart programs. Kids quickly learn the game and have a lot of fun in the process.

INSTRUCTIONAL/ DEVELOPMENTAL Mon thru Thurs 4:30- 6 PM

Similar to our beginner program, the emphasis is directed to refining their new techniques and playing more score keeping drills. This class is a the first step to competitive match play and participation in area tennis tournaments. We encompass a variety of levels at the JV and Varsity level. Participants are placed on courts with players of similar abilities.

Program Costs

Unlimited Mighty Mites / Member Fee	Cost for Month	\$85
Unlimited Mighty Mites /Non-Member Fee	Cost for Month	\$110
Unlimited Participation /Member Fee	Cost for Month	\$190
Unlimited Participation /Non-Member Fee	Cost for Month	\$250
Instructional / Developmental Member	Per Class	\$14
Instructional / Developmental Non-Member	Per Class	\$18
Advanced Saturday Drills (Pro Approval)	Per Class	\$14/\$18

PLEASE READ CAREFULLY: The Unlimited Visits program, you must pay in full at the beginning of the month, program offers no refunds, no make-ups and no carry overs.

Medical Conditions: _____

Parent Release

I hereby authorize the instructional staff at Bakersfield Racquet Club to act for me according to the best judgment in any emergency where my child may require medical attention. I hereby release the club, the program and its instructors and staff from any injuries incurred by my child while attending the program. I have no knowledge of any physical impairment that would interfere with my child's participation in this program.

Parent/ Guardian (Print Name)

Parent / Guardian (Signature) Date

CHILD'S NAME _____ DOB _____

ADDRESS _____ ZIP _____

PARENTS NAME(S) _____

HOME PHONE _____

E-MAIL ADDRESS _____

CELL PHONE _____

*Please Note:
BRC Members receive
priority placement in our
junior program.*

MAY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4 No Class	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 NO CLASS	29	30	31		