



COMPETITORS TENNIS ACADEMY

YOUR HAPPY AND HEALTHY PLACE

TENNIS DIRECTOR—CHRIS DUDECK
HEAD PRO—VEDANT RAVAL

Chris and Vedant are dedicated to making sure every child receives the individual attention they need to continuously improve their game.

PERFORMANCE

Players are established tournament players looking to take their training to the next level. Limited to 12 players based on a ladder/ match play.

Mon/ Wed 4:00-6:30 PM

Tues/ Thurs 5:30-8:00 PM

HIGH PERFORMANCE

Players are playing high-level USTA tournaments and have a UTR

beyond 7.0. Limited to 8 players based on a ladder/match-play.

Mon/Wed 5:30-8:00 PM

Tues/Thurs 4:00-6:30 PM

2 Clinics per week \$2200 / Billed Quarterly

4 Clinics per week: \$2600 / Billed Quarterly

COMPETITORS PROGRAM

This is an advanced year-round program, open to tournament players, ages 10 to 18. The Competitors Program is unique because we ensure the full development of a player, and keep consistent, high expectations in an organized way. Our system is based on strong fundamentals in stroke production, footwork, mental training, as well as a focus on creating a work ethic that empowers the player. This system helps players develop more efficient swings, move more explosively, and cultivate high performance skills in our group workout.

All players must be approved to register. Players need to apply with Chris and Vedant.

Includes the following:

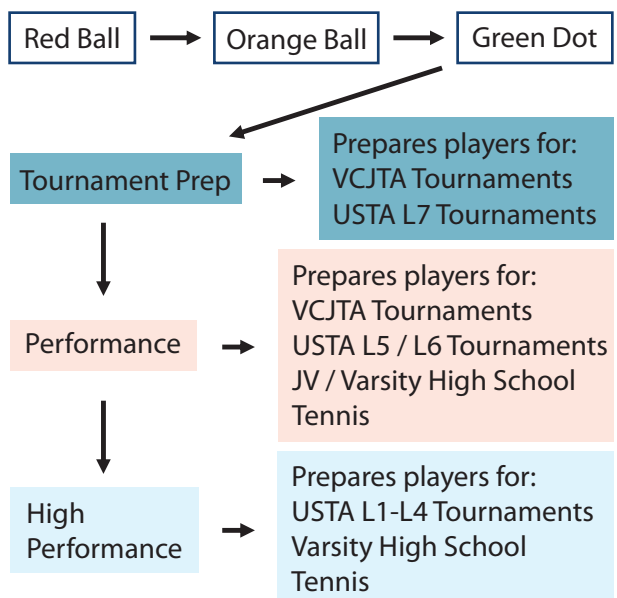
- *All clinics taught by Chris Dudeck or Vedant Raval
- *Fitness training and conditioning at every clinic
- *Monthly mental training seminar
- *Friday One-on-One Lessons (*Time to be scheduled*)
- *Saturday scheduled match-play (*Time to be scheduled*)
- *Tournament trips
- *Membership at Westlake Athletic Club
- *Tennis bag, yoga mat, medicine ball, towel, water bottle and roller for each player

Refer to separate Registration Packet for more information about the Red Ball, Orange Ball, Green Dot and Tournament Prep programs.



Please sign the Guest Waiver by using the QR code to the left. If you have trouble with the QR code, please visit the WAC website at wac.caclubs.com.

JUNIOR ACADEMY PROGRESSION



Over 30 College Scholarship Athletes trained by Chris Dudeck and Vedant Raval at the following universities: University of Notre Dame, Cal Poly San Luis Obispo, San Diego State University, Utah State University and more!

Questions? Contact the Front Desk: wacfd@caclubs.com | 818.889.6164



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REGISTRATION FORM

****Members may register through the WAC App****

Player Name: _____ DOB: _____

Player Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Circle Program Session/Level/Days:

Player 1:	Performance		*High Performance	
	Mon/Wed	Tues/Thurs	2 Clinics	4 Clinics
Player 2:	Performance		*High Performance	
	Mon/Wed	Tues/Thurs	2 Clinics	4 Clinics

No refunds for rain days unless they exceed 4 days in a session.

Players joining after the season starts will be charged prorated rates.

No refunds of the program. No change of days.

Member/Non-Member Cost:

_____ Program (Player 1)

_____ Program (Player 2)

_____ TOTAL

_____ Date of Payment

I agree to the policies outlined to the left.

_____ Initials

No clinics will be held on any holidays.

A full list of holidays is available on WAC website under Junior Tennis.



COMPETITORS TENNIS ACADEMY

YOUR HAPPY AND HEALTHY PLACE

JUNIOR TENNIS PROGRAMS & CLINICS Electronic Funds Transfer (EFT) Credit Card Authorization Agreement:

Credit Card Type _____ Credit Card # _____ Exp. Date _____

Name as it appears on card _____ Security Code _____

Address of Cardholder _____

Please keep this card on file for future purchases

I authorize the Westlake Athletic Club ("Club") to charge the above credit card for the **Junior Tennis Clinic/Program** fees I have indicated on my child's registration form.

I understand that if my credit card is declined, I am responsible for all declined credit card charges. Additionally, the Club reserves the right to charge a \$25 fee for any returned or declined items. Cancellation or revocation of this authorization, or stopping any payment hereunder, does not affect any other payments authorized on the date of the Agreement or in the future. I confirm that I am authorized under the terms of the applicable agreement with my financial institution (the "Bank Agreement") to the account I have designated for the purchase of goods and services from the Club. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to the Club. I agree to comply with my Bank Agreement at all times that this Authorization is in effect.

Authorized Signature _____ Date _____

Print Name _____

Participant's Name _____