



# TENNIS ACADEMY

## SPRING 2024

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.

**March 11, 2024 through April 26, 2024 (7 week session)**

### FUNDAMENTAL PROGRAM

The Red Ball format is played on a 36x18 foot court, using a red felt ball and a 19-23 inch racquet. The players are introduced to the basics of tennis.

#### RED BALL

Ages 4-7

Mon / Wed or Tues / Thurs  
2:30-3:30 PM

\$336 Member

\$404 Non-Member

### DEVELOPMENTAL PROGRAM

The Orange Ball and Green Dot format introduces players to the proper grip, preparation and swing path for each stroke, as well as learning the basic footwork patterns and stances.

Tactically, players are acquiring the skills of consistency, placement, and basic spin as they learn to control the ball, rally and serve. The Orange Ball format is played on a 60x21 foot court (Singles) and 60x27 (Doubles) with an orange felt ball. The Green Dot court dimensions are the same as a regular court and uses a green dot yellow ball.

#### ORANGE BALL

Ages 6-10

Mon / Wed or Tues / Thurs  
3:30-4:30 PM

\$336 Member

\$404 Non-Member

#### GREEN DOT

Ages 6-10

Mon / Wed or Tues / Thurs  
3:30-5:00 PM

\$504 Member

\$605 Non-Member

#### TOURNAMENT PREP

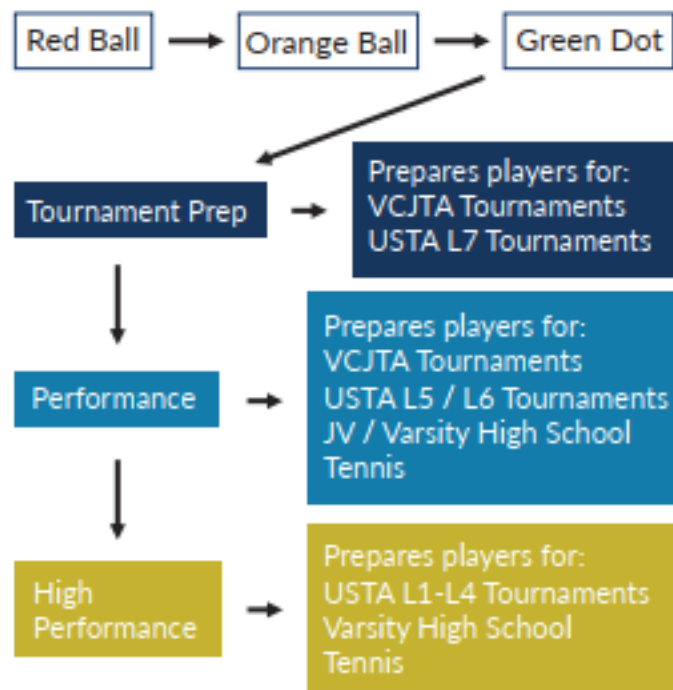
Ages 8-18

Mon / Wed or Tues / Thurs  
5:00-6:30 PM

\$504 Member

\$605 Non-Member

### JUNIOR ACADEMY PROGRESSION



Pricing available at the Front Desk or on the website.

Refer to separate Registration Packet for more information about the Performance and High Performance programs.



Please sign the Guest Waiver (if you haven't already) by using the QR Code here. If you have trouble with the QR Code, please visit the WAC website.

All guests must sign a 2024 waiver

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](mailto: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 Level/Days:

Player 1: Red Ball Orange Ball Green Ball Tournament Prep

Mon/Wed Tues/Thurs

Player 2: Red Ball Orange Ball Green Ball Tournament Prep

Mon/Wed Tues/Thurs

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

**No clinics will be held on any holidays.**

I agree to the policies  
outlined to the left.

\_\_\_\_\_ Initials

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

32250 Triunfo Canyon Road, Westlake Village, CA 91361

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## JUNIOR TENNIS PROGRAM & 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 \_\_\_\_\_

Return this form/contract the Front Desk: [wacfd@caclubs.com](mailto:wacfd@caclubs.com)

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