

Winning Touch Tennis

Summer 2025 Academy (June 23rd - August 28th)
INVITE ONLY



Winning Touch Tennis
Office: (609)720-0500
Email: wtjuniorprogram@gmail.com
Email: wtjuniorleagues@gmail.com

Facebook:
Winning Touch Tennis -
Princeton

Winning Touch Tennis
100 College Rd East
Princeton, NJ 08540

WTT is proud to announce our 2025 summer academy for all yellow ball high performance players. This Academy is an invite only, one of a kind program that will help take your player's tennis to the next level by:

- Training Monday through Thursday from 1:00pm to 4:00pm, ten weeks or eight weeks. You choose!
- Weekly fitness implemented within the on court training.
- Detailed weekly schedules & FREE weekend courts.
- A perfect blend of feeding drills, live ball drills and matchplay for constant growth.
- Continuity with WTT professionals year round!
- The most cost effective summer academy around the area.
- Train in an open air structure for tennis rain or shine!



Our Open air structure protects from the intense afternoon heat at the same time allowing for air flow throughout all 4 courts. This is ideal for consistent training rain or shine.



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What we are looking for: Academy prospects should be in our TT & YHP programs and have a personal drive to improve their tennis game on and off the court. Prospects will be **EXPECTED** to play USTA tournaments.

Your Costs

- \$2,000 for the full ten week program, only \$200 per week!
- \$1,800 for eight of the ten weeks, only \$225 per week!
- These rates come out to be less than \$60 per day!!!!
- \$265 weekly rate.

What Your Cost Include:

- 12 hours of tennis per week!
- Fitness within the 12 hours of on court training.
- 10% off pro shop sales and **FREE** courts on Fri, Sat & Sun.
- WTT in house tournament. Date TBD
- Weekly matchplay, individual attention and much more!

**THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT FOR WINNING TOUCH TENNIS OF PRINCETON**

IN CONSIDERATION of being permitted to participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for him/herself, his/her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE *Winning Touch Tennis*, and all of their directors, officers, agents, volunteers and employees, (hereinafter referred to as "Releasees") FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY AND/OR EXPOSURE TO INFECTIOUS SYNDROMES OR DISEASES TO THE PERSON OR PROPERTY OR RESULTING IN ILLNESS AND/OR DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise.
3. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) MAY BE DANGEROUS and involve the risk of exposure to infectious syndromes and diseases, serious illness, injury and/or death and/or property damage and he/she ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, EXPOSURE, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise. **By playing at WTT I voluntarily assume all risks related to exposure to COVID-19.**
4. HEREBY acknowledges a doctor's note for an absence is accepted ONLY for injuries or illnesses forcing a student out for a minimum of THREE CONSECUTIVE WEEKS, Doctor's notes for sicknesses or any minor illnesses will NOT be accepted.
5. MATCHPLAY no shows or cancellations w/ less than 24hrs notice will result in a \$30 additional charge (1/2 of the courts cost).
6. HEREBY acknowledges makeups are NOT GUARANTEED. However, you can request a makeup at **wtjuniormakeup@gmail.com** and we will do our best to accommodate your request. We do ask that you try your best to make as many classes as possible to truly take advantage of our program.
7. I have read and understood there will be no pro-rating of future missed classes, transferring of credit or refunds for any missed classes. If credit is issued because of an illness or injury of more than 3 consecutive weeks (doctor's note required) that credit must be used within 3 months of being issued. After 3 months all credit will be voided. Credit can only be used towards a same level class. Once a payment is made all sales are final.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT

I represent and warrant that I am the parent or legal guardian of _____, the individual who signed the foregoing Release ("Minor") and that I have received, read, and understood the foregoing Release. I acknowledge and agree that all representations, consents, agreements, grants, waivers, authorizations, indemnifications and releases herein shall be regarded as made by me on behalf of the Minor and shall be binding on me and the Minor.

Furthermore, in consideration of Releasees possibly including me and/or Minor in the Event, I hereby agree to be bound by and to perform all of the terms and conditions of the foregoing Release (including, without limitation, the provisions regarding release of all claims), as such terms and conditions may relate to my participation and/or the participation of the Minor in the Event, if any.

Name of Student(s): _____ Age: _____

Name of Student(s): _____ Age: _____

Name of Parents: _____

Street: _____ Town: _____ Zip: _____

Home #: _____ Cell #: _____

E-mail (Mandatory/**please print**): _____

Allergies: _____

Program(camp/class/HP) _____

Program(camp/class/HP) _____

Day/week: _____ Cost: _____

Day/week: _____ Cost: _____

Payment Section

Name on Credit Card: _____ Card Type: _____

Credit Card #: _____ Exp: _____ Security Code: _____

Please make checks payable to:

Winning Touch Tennis, 100 College Road East, Princeton, NJ 08540

Signature of Waiver completes signup

I approve Winning Touch Tennis to charge my supplied credit card the full amount of the program listed above. I have read and understood there will be no pro-rating of future missed classes, transferring of credit or refunds for any missed classes on the previous session. If credit is issued because of an illness or injury of more than 3 consecutive weeks (doctor's note required) that credit must be used within 3 months of being issued. After 3 months, all credit will be voided. Credit can only be used towards another junior program, not eligible towards private lessons or pro shop. Any Covid related closures will be given credit, no refunds will be issued. Once a payment is made all sales are final.

Signed: _____ Date: _____