GRAND SLAM TENNIS CLUB
2026-27 Season Lesson Program

Whether it is learning new skills, getting a great workout, honing existing skills, or finally learning a second serve you can trust, a weekly session with one of our pros will help you reach your goal!

Staff Levels	Private (per hour)	Semi Private (per hour)	3-Player Clinic (per hour)	4-Player Clinic (per hour)
Professional	**$4,960**	**$2,728** (per person)	**$1,856** (per person)	**$1,664** (per person)
Senior Professional	**$5,280**	**$2,904** (per person)	**$2,112**(per person)	**$1,792** (per person)
Program Director	**$5,600**	**$3,080** (per person)	**$2,176** (per person)	**$1,920** (per person)
Executive Director	**$5,920**	**$3,256** (per person)	**N/A**	**N/A**

Season Lesson Information

Dates: Tuesday, Sept. 8, 2026 - Sunday, May 2, 2027

Cancellation Policy: In order to avoid full redemption or charges, cancellations must be received by our Players Service Staff at least 24 hours in advance.

Holiday Closures: Thanksgiving Day (11/26) and 12/21/26- thru 1/3/27

For more information contact:
Katerina at ksevcikova@grandslamtennisclub.com or call 914-234-9206

GRAND SLAM - GREAT TENNIS, GREAT TEACHING!

Grand Slam Health & Tennis Clubs, Inc. Program Registration Form

Participant's Name: _____

Parent's Name (if a minor)**:** _____ **Email**_____

Street Address _____

City: _____ **State:** _____ **Zip:** _____

Phone (H): _____**(W)** _____ **(C)** _____

SELECT PROGRAM

Season Lesson Reservation: Day_____ **Time Period**_____ **Clay**____ **Hard**____

Private Lesson_____ **Semi Private**_____ **3 Player Clinic**_____ **4 Player Clinic**_____

Tuition Payment

Check:_____ Cash:_____ Credit Card: ____AMEX ____VISA ____MASTERCARD

Card # _____ Name on Card: _____

Billing Zip Code: _____ Expiration Date: _____ Amount: _____

Security #_____ Cardholder Signature: _____

Parent/Guardian Waiver

I, as the participant and or legal guardian of the participant, understand and am aware that any strenuous physical activity involves certain risks; I hereby assume the risk of any and all accidents and injuries of any kind which may be sustained by me or my child by any reason or in any connection with my or his/her participation in any club program or activity; and I hereby release and discharge Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., its partners and their shareholders, directors, officers, agents and employees from any and all actions, causes of action, damages, claims or demands which may arise against Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc., and any other described parties, for all injuries known or unknown which I, or my children have or may incur by participating in these programs, except to the extent such accident or injury is caused by or results from negligence or willful misconduct Grand Slam Health & Tennis Clubs, Inc., Spectrum Sports, Inc. and any other described parties. Waiver: I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: _____ **Relationship** _____ **Date**_____

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