

## Junior Tennis Clinics

### Fall

**It's Fall!** If classes are canceled due to rain, makeup classes will be rescheduled. All students will learn the foundations needed for developing advanced strokes.

#### **Pee-Wees: Age 4 – 7**

Tuesday's: 3:45pm – 4:30pm, September 1 – October 6 (6 weeks)

Saturday's: 10:45am – 11:30am, September 5 – October 10 (6 weeks)

- \$35 per session Member/ \$190 for 6 weeks (1 session/day per week) **OR** \$360 for both days per week (space is limited)
- \$45 per session Non-Member/\$250 for 6 weeks (1 session/day per week) **OR** \$475 for both days per week

This clinic is designed to teach fundamental tennis skills for this age group. Ball handling, throwing, catching, footwork, and creating the proper swing path for their strokes will be taught by using target practice, relay races, and fun games to help improve their skills.

#### **Rising Stars: Age 8 – 13**

Tuesday's: 4:30pm – 5:30pm, September 1 – October 6 (6 weeks)

Saturday's: 11:30am – 12:30pm, September 5 – October 10 (6 weeks)

- \$45 per session Member/ \$250 for 6 weeks (1 session/day per week) **OR** \$475 for both days per week (space is limited to 12 player maximum/ 6 players per instructor)
- \$55 per session Non-Member/\$320 for 6 weeks (1 session/day per week) **OR** \$600 for both days per week (space is limited to 12 player maximum/ 6 players per instructor)

This clinic is designed to improve technical skills and understand basic tactics. All players will learn proper scoring and where to stand on the court. Players will learn forehand, backhand, serves and volleys, and proper footwork. Players will have the knowledge to play a real game of tennis after six weeks.

### Biography

**Robert Nuscher, USPTR**

[crushertennis@gmail.com](mailto:crushertennis@gmail.com)

443-996-4032

Robert grew up in Bucks County, Pennsylvania playing his junior tennis in the Middle States Section. After moving to Maryland, he played tennis at Annapolis High School and went on to graduate from the University of Maryland in 1993. Upon graduation, he played for 2 years on the ITF Satellite Circuit competing professionally in tournaments across the country. After playing competitively, Robert taught at the world renowned Saddlebrook Resort and Academy in Tampa, Florida working with several top 100 players. Robert was the Director of tennis for 7 years at the prestigious Elkridge Club in Baltimore, Maryland followed by 10 years at the Tennis Club of St. Croix in the U.S Virgin Islands. Upon returning to the states, he opened a men's clothing and furniture store, Winston's Haberdashery, in Annapolis that serviced the Community for 10 years. Currently, Robert is the Head Teaching Professional at Sport Fit Bowie where he founded Crusher Tennis Academy and teaches over 150 players weekly. Robert and his staff are proud to bring their love of the game and joy of teaching to all ages and levels at Safe Harbor Annapolis!

**Private Lessons: Director** Members: \$125, Non-Members: \$145

**Private Lessons: Staff** Members: \$100, Non-Members \$120

**Private Lessons: Junior Staff** Members: \$80, Non-Members \$100

- **If interested in semi-private lessons or forming your own group, please contact Robert 443-996-4032**  
Cash, checks, and Venmo are accepted. Please contact Robert directly for registration and payment.



Safe Harbor Annapolis  
Robert Nuscher, Tennis Director  
519 Chester Avenue  
Annapolis, MD 21403  
Phone: (410) 268-8282 (O)  
Email: annapolis@shmarinas.com

### Junior Fall Clinic Registration

| Parent or Guardian Information |        |     | Parent or Guardian Information                   |  |  |
|--------------------------------|--------|-----|--------------------------------------------------|--|--|
| NAME                           |        |     | NAME                                             |  |  |
| STREET ADDRESS                 |        |     | STREET ADDRESS (If not the same as other Parent) |  |  |
| CITY, STATE, ZIP               |        |     | CITY, STATE, ZIP                                 |  |  |
| CELL PHONE NUMBER              |        |     | CELL PHONE NUMBER                                |  |  |
| EMAIL ADDRESS                  |        |     | EMAIL ADDRESS                                    |  |  |
| <b>Junior Attendee</b>         |        |     |                                                  |  |  |
| NAME                           | D.O.B. | AGE |                                                  |  |  |

Complete sign up along with your payment due at the submission of this Registration. **No refunds.**

- ☐ Pee-Wee: (ages 4-7): 9/1-10/6 (Tuesdays), 3:45pm – 4:30pm
- ☐ Pee-Wee: (ages 4-7): 9/5-10/10 (Saturdays), 10:45am – 11:30am
- ☐ Rising Stars: (ages 8-13): 9/1-10/6 (Tuesdays), 4:30pm – 5:30pm
- ☐ Rising Stars: (ages 8-13): 9/5-10/10 (Saturdays), 11:30am - 12:30pm

#### Fall Clinic Sessions (please check box to sign up):

The parties hereto agree that SHM, Safe Harbor Marinas, LLC, SHM TRS, LLC, and their respective affiliates and subsidiaries shall not be liable for any loss, damage, or personal injury to the person or property of the Camper or the Camper family members, guests, invitees, agents and employees, resulting either directly or indirectly from the Member use of SHM's facilities, whether such loss, damage or personal injury be occasioned by negligence, fire, theft, Act of God, or any other cause or condition. The Camper hereby agrees to indemnify and save harmless SHM, Safe Harbor Marinas, LLC, SHM TRS, LLC, and their respective affiliates and subsidiaries from or against any claims, damages and expenses arising from use, of SHM's area or the use by the Camper of SHM's facilities and hereby agrees to assume full responsibility for personal injury and property damage arising out of the use at SHM's area or the use of SHM's facilities.

**IN WITNESS WHEREOF**, Owner and the Marina have duly executed this Agreement as of the day and year written below.

This Agreement is not binding until signed by Parent or Guardian of Camper.

**“SHM”**

**SHM Annapolis, LLC,**  
a Delaware limited liability company

By: \_\_\_\_\_  
(Authorized Signatory)

Date: \_\_\_\_\_

**“Parent or Guardian”**

\_\_\_\_\_  
**Print: First Name, Last Name**

Sign Here: \_\_\_\_\_  
(Member)

Date: \_\_\_\_\_



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## Junior Clinic Payment Authorization

SHM requires payment at the time of registration. Please indicate your payment preference below.

\_\_\_\_\_ I authorize SHM to charge the total due Credit Card# \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC \_\_\_\_\_

I AUTHORIZE Safe Harbor Marinas, LLC, SHM TRS, LLC, and their respective affiliates and subsidiaries (individually and collectively, "SHM"), to charge the Payment Method in accordance with the terms outlined in this Authorization or other Agreement with SHM. I certify that I am an authorized user of the Payment Method and that I will not dispute the payment with my Payment Method company, so long as the transaction corresponds to the terms indicated in this Authorization and the applicable Agreement.

This Authorization remains in full force and effect until SHM receives written notification from me of termination in such time and in such a manner as to afford SHM a reasonable opportunity to act on it. This Authorization may be executed digitally or electronically and scanned and emailed. copies shall be treated as originals.

Print Name \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date