

## Junior Tennis Clinics & Adult Cardio-Drill

### Spring

**It's spring!** Grab your racket and come out and play! Players may be divided into separate groups based on skill level. If classes are canceled due to rain, makeup classes will be rescheduled. All students will learn the foundations needed for developing advanced strokes. Intermediate players will learn basic singles and doubles strategy for match play.

#### Age 4 – 7

Session 1: Mondays & Wednesdays, April 1 – April 24 (8 classes)

Session 2: Mondays & Wednesdays, April 29 – May 15 (8 classes)

Session 3: Mondays & Wednesdays, May 20 – June 12 (8 classes)

4:30 pm – 5:30 pm

Members: \$200, Non-Members: \$240 per session \*Minimum 3 students to run the session

Drop-In Price = Members: \$30, Non-Members: \$35 per class

#### Age 8 – 12

Session 1: Mondays & Wednesdays, April 1 – April 24 (8 classes)

Session 2: Mondays & Wednesdays, April 29 – May 15 (8 classes)

Session 3: Mondays & Wednesdays, May 20 – June 12 (8 classes)

5:30 pm – 6:30 pm

Members: \$200, Non-Members: \$240 per session \*Minimum 3 students to run the session

Drop-In Price = Members: \$30, Non-Members: \$35 per class

#### 2.5-3.0 Level Adult Cardio/Drill & Play

Mondays, April 1 – June 10

6:30 pm – 7:45 pm (\*Minimum 3 adults to run the session)

Drop-In Price = Members: \$40, Non-Members: \$50 per class

#### 3.5-4.5 Level Adult Cardio/Drill & Play

Wednesdays, April 3 – June 12

6:30 pm – 7:45 pm (\*Minimum 3 adults to run the session)

Drop-In Price = Members: \$40, Non-Members: \$50 per class

### Summer

**Summertime play!** Summer camp includes 120 minutes of tennis instruction, games, and one hour of swimming. For the younger kids, it may also include pickleball. Campers should bring or wear tennis shoes, swimsuits, towel, hats, rackets, water, sunscreen, snack and PFD if non-swimmer.

Age 7 - 11

Age 12 & up

Monday – Friday

9:00 am – 12:00 pm

Members: \$275, Non-Members: \$325

Week 1: June 17 – June 20

Week 2: June 24 – June 27

Week 3: July 1 – July 3

Week 4: July 8 – July 11

Week 5: July 15 – July 18

Week 6: July 22 – July 25

Week 7: July 29 – August 1

Week 8: August 5 – August 8

Week 9: August 12 – August 15

**\*Week 3: July 1-July 3 – Shortened Week (reduced price)**



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

## 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 Sportfit 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 in 2024!

**Private Lessons: Director** Members: \$120, Non-Members: \$140

**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.



### Junior Spring 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	
Junior Attendee			
NAME	D.O.B.	AGE	

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

- Session 1: 4/1–4/24 (Monday and Wednesday), 4:30p – 5:30p
- Session 1: 4/1–4/24 (Monday and Wednesday), 5:30p – 6:30p
- Session 2: 4/29-5/15 (Monday and Wednesday), 4:30p – 5:30p
- Session 2: 4/29-5/15 (Monday and Wednesday), 5:30p – 6:30p
- Session 3: 5/20-6/12 (Monday and Wednesday), 4:30p – 5:30p
- Session 3: 5/20-6/12 (Monday and Wednesday), 5:30p – 6:30p

**Spring Clinic Sessions (please check boxes 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 Spring 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



### Junior Summer Tennis Camp 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	
Junior Tennis Camper			
NAME	D.O.B.	AGE	<input type="checkbox"/> Swimmer <input type="checkbox"/> non-Swimmer

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 6/17 – 6/20, 9:00a – 12:00p | <input type="checkbox"/> 7/8 – 7/11, 9:00a – 12:00p  | <input type="checkbox"/> 7/29 – 8/1, 9:00a – 12:00p  |
| <input type="checkbox"/> 6/24 – 6/27, 9:00a – 12:00p | <input type="checkbox"/> 7/15 – 7/18, 9:00a – 12:00p | <input type="checkbox"/> 8/5 – 8/8, 9:00a – 12:00p   |
| <input type="checkbox"/> 7/1 – 7/3, 9:00a – 12:00p   | <input type="checkbox"/> 7/22 – 7/25, 9:00a – 12:00p | <input type="checkbox"/> 8/12 – 8/15, 9:00a – 12:00p |

**Camp Weeks (please check boxes 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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\_\_\_\_\_ I authorize SHM to charge the total due Credit Card# \_\_\_\_\_

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

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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**