



Longfellow New Hampshire New England Tennis Academy (NETA) Junior Tennis Clinics 2025-2026



Session IV runs from 3/2/26-4/26/26

Session V runs from 5/4/26 - 6/21/26

NO CLINICS April 3-5

Red Ball (Ages 5-8)

Mon 4:00-5:00 PM
Wed 4:00-5:00 PM
Sun 10:00-11:00 AM

Orange Ball (Ages 8-10)

Mon 5:00-6:00 PM
Wed 6:00-7:00 PM
Fri 4:00-5:00 PM
Sun 11:00-12:00 PM

Green Ball (Ages 10-12)

Mon 6:00-7:00 PM
Wed 5:00-6:00 PM
Sun 12:00-1:00 PM

Middle School

Thurs 5:30-7:00 PM

High School

Thurs 4:00-5:30 PM

NETA (Ages 12 & Up) *Invitation Only*

Mon 5:00-7:00 PM
Wed 5:00-7:00 PM
Fri 5:00-7:00 PM

NETA - Young Champions (Ages up to 12) *Invitation Only*

Mon 5:00-7:00 PM

Price Per Clinic

Red / Orange / Green Ball (60 minutes)

- Monday & Wednesday: \$265 / Friday & Sunday: \$231

Middle School / High School (90 minutes)

- Thursday: \$468

NETA Programs (120 minutes, Invitation Only)

- Monday & Wednesday: \$704 / Friday: \$616

Play More Tennis & Save!!
Discount only for same player
2 clinics: 15% off
3 clinics: 20% off
4 clinics: 25% off

If space allows, a makeup class may be offered within the same session. Makeup classes are not guaranteed, and missed classes cannot be credited or applied to future sessions.

All players above the Red Ball level must have a current Junior Membership (\$80).



**Longfellow New Hampshire
New England Tennis Academy (NETA)
Junior Tennis Clinic Registration Form**



<input type="checkbox"/> Red Ball	Day	Time
<input type="checkbox"/> Orange Ball	_____	_____
<input type="checkbox"/> Green Ball	_____	_____
<input type="checkbox"/> Middle School	_____	_____
<input type="checkbox"/> High School	_____	_____
<input type="checkbox"/> NETA	_____	_____

Participant Information

Name: _____ DOB: _____ Age: _____
 Email Address: _____
 Home Address: _____
 City/State: _____ Zip: _____ Cell: _____
 Emergency Contact: _____ Phone: _____

Payment Details

Total Clinic Fees \$ _____ Junior Membership (\$80) \$ _____ Total Paid \$ _____ Date Paid _____

Payment Method

Pay by Check - Check # _____ Pay by Credit Card

Credit Card Number: _____ Exp. _____ CVC: _____
 Cardholder Name: _____ Billing Zip Code: _____

*Payment and registration must be received prior to the first day of class.
 Failure to do so could result in the loss of placement for the class.*

I recognize the risk of injury in any exercise program and my child is participating upon the express agreement and understanding that I am hereby waiving and releasing the above clubs from any and all claims, costs, liabilities, and injuries on the premises. In case of emergency, I give my permission for emergency medical treatment of myself or my child, and for transportation to such treatment. I consent to Longfellow New Hampshire using photo and video material for educational and promotional use.

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Signature of Parent/Guardian: _____ **Date:** _____