



**LOGAN HIGH PERFORMANCE TENNIS
APPLICATION**

NAME _____

Age _____

WTN ____ | **UTR** ____ | **Sectional Rank** ____

LONG TERM VISION: Player writes essay outlining their long-term vision for their game (Gamestyle, weapons, ect.) Player states their short, mid and long-term performance goals for their game.

Do You Play Other Sports? Yes/No | If yes, What Sport and Level Played?

If Yes, Will This Interfere with HP Training (9+ Hours Weekly)? Yes/No | If yes, explain combined training plan _____

Turn-Over

Logan High Performance Program Details:

Strength and Agility Test

Administered by Logan PT

Bi-Annual Re-Test within Program

Strength and Agility Program

Led by Logan Strength & Conditioning Coaches

2x Per Week with On Court Program

On Court Training

4.5 weekly hours of HP Coach-led group instruction

2 Additional weekly practice matches required

3+ Required Tournaments Per 6 Month Season

Free LHTC Tennis Add-On Included (Must have Fitness Center Membership)

20__ Tournament Schedule Plan | Name / Location / Level

- | | |
|-----------|-----------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

I _____ commit to fulfilling all requirements of the Logan Health High Performance Tennis Program

Printed Name _____ Signature _____

Parent/Guardian Signature _____

Date _____

Logan Health Tennis Center Staff Signature

_____ Date _____