

Universal Tennis Lessons – Academy

2026 HIGH PERFORMANCE JUNIOR DEVELOPMENT REGISTRATION (Intermediate and Advanced Competition Players Only)

Name _____ D.O.B. _____ Age _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell# _____ Office # _____

Email Address _____

School Attending _____ Grade _____

Please check: -Intermediate Player ____ or ____ Advanced Player; NTRP/UTR Rating _____

Lessons/Program Available (Make check [or money order](#) payable to: -**John McLean**) or Venmo: **John McLean @John-McLean-63**, P. O. Box 61245, Durham, NC 27715.

****All fees are due before or on the day of the first program. Cost \$500.00 per person (non-refundable). Fees payable to John McLean.**

Phone # 919- 323 -6366 <> 919-547-4354 (Voice mail box.) <> mclean2015@hotmail.com

High Performance (HP) Tennis Clinic: -Monday - Thursday, 6:00 pm-8:30 pm. June 8- July 2, 2026; Main Site: [North Carolina Central University – Eagle Campus Dr. \(700 East Lawson Street\)](#); Alternate Sites: Whippoorwill Courts – 1632 Rowemont Dr, Durham, NC 27705 or East End Park – 1200 North Alston Ave. Durham, NC 27701.

Medical Conditions/Medications:

Please list any medical conditions that may affect your tennis play or activity during this clinic. Due to high heat temperatures or as a result of body changes below: (A physician **form** may be required for medical conditions). I certify that I **do** have medical concerns or _____ I **do not** have medical concerns. **List any additional information on back of form if needed.**

If a player misses any days at the clinic, there will be no make-up time provided. However, we will provide make up dates for any missed or changed clinic days by the instructor as a result of weather conditions, schedule conflicts etc.

I, hereby, release John McLean - Instructor, staff and all affiliate instructors, the Durham-Orange Community Tennis Association, North Carolina Central University, Whippoorwill Park, East End Tennis Courts, Durham Parks and Recreation, USTA and all affiliates from any responsibilities for illness or injury while traveling to and from; and participation in the High-Performance Clinic.

Signature of Participant:

Date

Print Name: _____

Print Name and Signature of Parent/Guardian (if under 18)

Date

Signature: _____