



# SHPT FULL-TIME MORNING DEVELOPMENTAL PROGRAM REGISTRATION PACKET For

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1<sup>st</sup> Semester - August - December  
2<sup>nd</sup> Semester – January - May

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***“There’s no substitute for proven.”***

**[www.SavianoTennis.com](http://www.SavianoTennis.com)**

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## SHPT Program Overview:

The Full-Time Morning Developmental Program at Saviano High Performance Tennis is a highly focused, personalized, training program designed to help each player further develop all aspects of their game—technical abilities, strategies, mental and physical acumen. Our goal is for each player to reach maximum potential.

- **EXPERT COACHING STAFF:** Nick Saviano directs the program each day. Each coach is personally selected by Nick and educated in the SHPT methodology of player development.  
(See “about Nick Saviano” @ [www.savianotennis.com](http://www.savianotennis.com))
- **GAME STYLE:** Students will develop individual game styles based on personal vision, on-court personality, physical attributes, and weapons.
- **STRATEGY, TACTICS, SHOT SELECTION & PATTERN DEVELOPMENT:** Each player will develop a clear understanding of their basic strategy as a player. Additionally, major emphasis will be placed on a player learning high percentage “generic” tactics and shot selection, as well as personalized tactics which highlight the player’s individual weapons.
- **MOVEMENT: Footwork – Tracking – Recovery – Positioning:** Player’s speed/agility, balance, and quickness on court will be assessed and improved. Additionally, recommendations will be made to the player regarding extra work with our physical training experts.
- **PHYSICAL TRAINING/ATHLETIC DEVELOPMENT PROGRAM:** Maximizing each player’s athletic potential is a major goal of the program. Players will participate in a high- performance physical training program
- **MENTAL CONDITIONING:** Developing the mental skills and discipline to enable the player to reach their full competitive potential is a key component of the program. Player will work on these skills on and off the court daily.
- **SINGLES PLAY:** Point situation play, set play and match play will be an integral part of the program
- **TOURNAMENT TRAVEL/COACHING PACKAGE:** Available for an additional fee.
- **PRIVATE LESSONS:** Available for an additional fee.
- **COURT SURFACE:** Players will train on hard or “clay” courts depending upon up-coming tournaments.
- **PLAYER TO COACH RATIO:** Maximum 4 to 1 player to coach ratio or less at all times. Due to the limited number of players accepted into the program there, will be a significant amount of personal attention given to each player
- **VIDEO ANALYSIS:** Each player can be videotaped for analysis, aiding in the development of their game.
- **ACES:** An app that combines technology with insightful analytics for parents & players. When you visit or permanently train at our academy, you will be able to utilize. And it is FREE.



## Full-Time Developmental Program:

**DAILY SCHEDULE:** Program runs 5 days a week: Monday – Friday

**Note:** The Full-Time Developmental Program is a **nine (9) month program commitment** that runs in conjunction with the school academic year.

- |                    |                           |  |
|--------------------|---------------------------|--|
|                    | 7:00am – 10:00am          | *Optional private lesson time. (At Additional Cost)  |
| • <b>Session 1</b> | <b>10:00am – 12:00pm</b>  | General Warm-up<br>Small Group, Individualized Drilling/Point Play<br><b>Duration: 2 hours</b> |
|                    | Break<br>12:00pm – 2:00pm | Lunch and Rest<br>Duration: 1:45 hours   |
| • <b>Session 2</b> | <b>2:00pm – 4:00pm</b>    | On-Court Training<br>Point/Set/Match Play – Singles & Doubles<br><b>Duration: 2 hours</b>      |
| • <b>Session 3</b> | <b>4:00pm – 5:00pm</b>    | Performance Training & Athletic Conditioning<br><b>Duration: 1 hour</b>                        |
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### PROGRAM DATES:

1 <sup>st</sup> Semester	August – December
2 <sup>nd</sup> Semester	January – May
Summer Program	June – August

### HOLIDAY SCHEDULE:

Thanksgiving	Thanksgiving Day & Friday after
Winter Break	In conjunction with school holiday break (2 weeks)

### ENROLLMENT:

- Program sizes are limited to uphold the integrity of our world-class training program.
- Coach to player ratio is 1 to 4.
- Players may choose to supplement their SHPT Training with private lessons.
- Payment must be made in advance to secure a space in the program.
- All checks payable to SHPT, LLC & All Major Credit Card Accepted – credit card convenience fee is 2.95%
- No refunds will be given for absentees, partial weeks, or rain days.
- Lunch not included in the cost of tuition. Drinks & snacks can be purchased on site

### PRIVATE LESSONS

- Can be taken (for an additional fee), before and after sessions, and on Saturdays too.  
*Inquire with coaches for availability.*



## SHPT Full-Time Program Pricing:

<b>PAYMENT PLAN 1:</b> Annual Tuition payable in full on or before July 1 <sup>st</sup>	
○ Full Tuition fee:	<b>\$30,550</b>
<b>PAYMENT PLAN 2:</b> Annual Tuition payable in two (2) equal installments.	
○ 1 <sup>st</sup> Semester Installment due July 1 <sup>st</sup>	<b>\$15,775</b>
○ 2 <sup>nd</sup> Semester Installment due December 1 <sup>st</sup>	<b>\$15,775</b>
<b>PAYMENT PLAN 2B:</b>	
○ If attending 2 <sup>nd</sup> Semester <b>Only</b> pay by January 1 <sup>st</sup> (5 months)	<b>\$17,250</b>
<b>NON-REFUNDABLE, ONE-TIME REGISTRATION FEE:</b>	<b>\$50</b>

### PAYMENT:

***Note: Regardless of payment method, we require a valid credit card on file. It may be used for private lessons and tournament coaching fees.***

- All annual or semester tuition must be paid in advance. Space is extremely limited. Please make sure the office confirms your forms and payment upon receipt.
- Annual or Semester payments must be made by check (made payable to SHPT, LLC), Zelle wire transfer or credit card.
- Credit card convenience fee is 2.95% per transaction amount (**fee is disclosed prior to submitting payment**).





## Credit Card Information:

\*A credit card is required on file for payments of fees incurred for private lessons and tournaments coaching fees.

**Note: If you do not receive a confirmation of receipt within 3 business days, please contact the office**

### PAYMENT

Visa    MasterCard    Amex    Discover

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Name on Card \_\_\_\_\_ Billing Address (City, State, Zip Code) \_\_\_\_\_

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Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- A valid credit card on file is required.
- You may pay by wire transfer, Zelle, check or credit card.
- All Major Credit Cards Accepted – there will be a convenience fee of 2.95% per transaction amount (fee is disclosed prior to submitting payment).
- Checks made payable to SHPT, LLC

*Any balance due upon departure will be charged to your credit card on file.*

Please complete entire packet, return to office or scan and email to [info@savianotennis.com](mailto:info@savianotennis.com)



## **PAYMENT**

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- All balances must be paid in full prior to the start.
- Checks should be made out to SHPT, LLC

## **TERMS AND POLICIES**

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- In addition to the \$50.00 registration fee, a minimum of one week's tuition payment or 50% of the total fee is required to be paid by the time of reservation to guarantee a place in the program.
- All balances must be paid in full prior to start.
- Contact information, consent to participate, and waiver must be completed and turned in to office prior to start date.
- You acknowledge and agree to assume and be fully responsible for any and all property or other damage to any facilities used at SHPT.
- Weekly rates will not be pro-rated daily.
- SHPT is not responsible for lost or stolen articles or money. DO NOT bring valuable items.
- Prices subject to change without notice.

## **CANCELLATION POLICY**

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- All cancellations must be submitted in writing (email) to SHPT.
- A refund less a 10% service charge based on the total fees due will be refunded for cancellations received by SHPT at least 4 weeks in advance. Alternatively, the full amount paid may be credited toward a future reservation. This credit on file will be held for 12 months from the date of cancellation.
- Cancellations received less than 4 weeks in advance, but at least 7 days before the schedules start date will receive a refund, less a 25% service charge based on the total fees due. Alternatively, the full amount paid may be credited towards a future reservation within the same program year.
- Cancellations received less than 7 days prior to the scheduled start date or after the scheduled start date will result in forfeiture of all fees.
- Cancellations due to medical reasons will be handled on an individual basis depending on circumstances involved.
- I certify that I am the Participant or the parent of the Participant and agree to these terms and policies as evidenced by my signature below.

## **ARBITRATION**

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If a dispute arises under this agreement that cannot first be resolved through good faith negotiation, the dispute will be submitted to arbitration and resolved by a single arbitrator (who will be a lawyer) in accordance with the Commercial Arbitration Rules of the American Arbitration Association then in effect as modified by this paragraph. All such arbitration will be confidential and take place at the office of the American Arbitration Association located nearest Ft. Lauderdale, Florida. The award or decision rendered by the arbitrator will be final, binding, and conclusive and judgment may be entered upon such award by any court. The arbitrator has no authority to award attorney's fees. If a conflict arises between this document and any other document binding both parties on the same matter, the provisions of this document shall apply.

Parent/Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete entire packet, return to office or scan and email to [info@savianotennis.com](mailto:info@savianotennis.com)**



## Late Cancellation and Missed Appointment Policy

At Saviano High Performance Tennis, each member of our coaching staff and administrative team schedules our program and private lessons with a maximum 4 to 1 player to coach ratio or less at all times. Due to the limited number of players accepted into our programs, there is a significant amount of personal time and attention given to each player. In order to successfully operate our high performance training academy, we need to be able to rely on these appointment numbers and commitments. Therefore, we have established the following policy for late and missed appointments:

For any appointment – whether missed or canceled with less than the **required 24-hour notice**, clients will be charged for that session.

We realize that on rare occasions an event may occur that requires a last-minute cancellation. We will do our best to excuse these infrequent, extenuating circumstances. We ask that you email to [Info@savianotennis.com](mailto:Info@savianotennis.com) and/or call 954-603-8812 to personally speak with a member of our office staff.

If you do not receive a returned response to your email, we may not have received your message. Please request confirmation of receipt. We look forward to an even bigger and better year at SHPT and appreciate your patronage.

*Thank you for your cooperation.*

*I have read the above information and have been informed of the policies and procedures above.*

\_\_\_\_\_  
Printed Name of Player 1

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete entire packet, return to office or scan and email to [info@savianotennis.com](mailto:info@savianotennis.com)**







## Agreement to Participate

**Assumption of Risks:** Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the care taken to avoid injuries. Nick Saviano, SHPT have facilities for various sport specific and related activities such as strength training and running. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, other participants (including participants that are older or younger and who may be larger or smaller (in terms of weight and height) than Participant, and various surfaces (which may be uneven), and others involve sustained physical activity which places stress on the cardiovascular system. Participant will also be exposed to risks while traveling and participating in various activities. Some of these activities involve travel in vehicles (for example, in vans when traveling to a competition or to the airport) and exposure to large crowds (such as at a music concert). The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as scratches, cuts, bruises, and sprains to (2) major injuries such as loss of sight, loss of teeth, broken bones, joint or back injuries, concussions, and heart attacks to (3) catastrophic injuries including paralysis and death. I also understand that the Participant may expose others, or may be exposed, to contagious disease such as influenza, chicken pox or measles. Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at SHPT, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of illnesses and injuries which may occur as a result of activities made possible by Nick Saviano, SHPT. Participant and Parent/Guardian hereby assert that participation is voluntary and that Participant and Parent/Guardian knowingly assume all such risks.

**Acknowledgement of Rules and Standards of Conduct:** I understand that Nick Saviano, SHPT have rules and standards of conduct that are set forth in the Student Handbook. I agree to abide by these rules and standards for the safety of Participants, the staff, and the other participants.

**Acknowledgment of Understanding:** Participant and Parent/Guardian have read this agreement to participate and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at Nick Saviano, SHPT to the greatest extent allowed by law in the State of Florida. In signing this assumption of risk as Parent/Guardian, I acknowledge that I am consenting to the participant's participation at Nick Saviano, SHPT programs (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Name of Participant (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Date

**Please complete entire packet, return to office or scan and email to [info@savianotennis.com](mailto:info@savianotennis.com)**



# Consent for Treatment

\*Required by all Participants

## Consent For Treatment (Required for all Participants)

If a perceived life-threatening situation arises and the parents or legal guardians (primary & secondary contacts) are not available and cannot be reached, then SHPT request the permission to take whatever actions necessary.

I, \_\_\_\_\_ (print name) certify that the Nick Saviano and the staff of Saviano High Performance Tennis (SHPT) are given authority by me and my Parent/Guardian (print name) \_\_\_\_\_ (print name) to act on my behalf for any medical/mental health care treatment (including immunizations required by law) and prescriptions reasonably necessary or medically advisable to maintain the life, health and well-being of my child. This includes, but is not limited to, first aid care and prevention of injuries, mental health interventions, follow-up care and the taking of over-the-counter prescriptions that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and conduct of: (1) legal authorization for treatment; (2) consultations; (3) anesthesia; (4) emergency examinations; (5) consent for hospitalization; and (6) treatment or surgery that may be deemed necessary by appropriate medical personnel.

Signature of Parent/Guardian: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Code

Are you currently taking any medication:  YES  NO If yes, please give name of medications(s) and explain reason for and method of use:

**PLEASE NOTE ALL PAST MEDICAL HISTORY ON THE LIST BELOW ALONG WITH THE DATES OF**  
**Please circle all that apply, and explain below**

Chicken Pox	Yes	No	Kidney Disease	Yes	No	Eczema	Yes	No
Measles	Yes	No	Migraine	Yes	No	Ear Infection	Yes	No
Whooping Cough	Yes	No	Stomach Disorders	Yes	No	Epilepsy	Yes	No
Asthma/Hay Fever	Yes	No	HIV	Yes	No	Fainting	Yes	No
Diabetes	Yes	No	ADD	Yes	No	Heart Disease	Yes	No
Mononucleosis	Yes	No	Depression	Yes	No	Hernia	Yes	No
Scarlet Fever	Yes	No	Mumps	Yes	No	Tuberculosis	Yes	No
Sinusitis	Yes	No	Anemia	Yes	No	Venereal Disease	Yes	No
Tonsillitis	Yes	No	Concussion	Yes	No	Meningitis	Yes	No

**PLEASE PROVIDE INFORMATION ON ANY CHRONIC ILLNESSES; SPORTS INJURIES; ALLERGIC REACTIONS TO CERTAIN DRUGS; FOODS OR MEDICATIONS, SURGERIES, OCCURRENCES, ETC.:**

Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete entire packet, return to office or scan and email to [info@savianotennis.com](mailto:info@savianotennis.com)**



## Student Transportation

SHPT requires that the player’s family must give explicit permission in writing to: [Info@savianotennis.com](mailto:Info@savianotennis.com), or a family they are staying with, for their child/children to be transported by SHPT or any other families or players.

This email should clearly state you are authorizing your child and/or children to leave from SHPT grounds or a family’s home, during lunch or any other time, with another SHPT family or player. **Both SHPT, and the family the child and/or children is staying with at the time, must have written permission (email) prior to any release to do so.**

By signing below, you acknowledge that you are aware of this transportation method, and will not hold Nick Saviano, SHPT LLC (SHPT), or the affiliated driver(s) liable for instances that may involve the following:

**Assumption of Risks:** Participant will be exposed to risks while traveling and participating in various activities. Some of these activities involve travel in vehicles, for example, in vans or cars when traveling to a competition, from the airport, in a carpool situation with other students’ parents driving their vehicles to and from a site. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as scratches, cuts, bruises, and sprains to (2) major injuries such as loss of sight, loss of teeth, broken bones, joint or back injuries, concussions, and heart attacks to (3) catastrophic injuries including paralysis and death. Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of transportation to and from activities at SHPT (2) understand the necessity to travel to off-site venues (3) appreciate the types of injuries which may occur as a result of transportation to activities made possible by Nick Saviano, SHPT or the driver(s). Participant and Parent/Guardian hereby assert that participation is voluntary and that Participant and Parent/Guardian knowingly assume all such risks.

**Acknowledgment of Understanding:** Participant and Parent/Guardian have read this agreement and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement and intend the signatures to signify a complete assumption of the inherent risks of transportation to and from activities at Nick Saviano, SHPT or the driver(s) to the greatest extent allowed by law in the State of Florida. In signing this assumption of risk as Parent/Guardian, I acknowledge that I am consenting to the participant’s transportation needs at Nick Saviano, SHPT programs (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Player’s Full Name \_\_\_\_\_

Local Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

Parent or Legal Guardian Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete entire packet, return to office or scan and email to [info@savianotennis.com](mailto:info@savianotennis.com)**



**CONSENT, PERMISSION AND RELEASE FOR USE OF PHOTO, VIDEO AND/OR AUDIO**

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby give consent and permission to SHPT, LLC and its affiliated companies, licensees, successors, and assigns (collectively, "SHPT") and those acting pursuant to their authority, the right and permission to record my appearance, physical likeness and/or voice on videotape, on film, or digital video, or other means, and/or take photographs of my appearance or physical likeness.

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use and publication of my name, participation, voice, picture, and/or likeness by SHPT and/or its employees and/or agents, and photographs, video and/or audio for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward.

I acknowledge that SHPT is the sole owner of all rights in and to this visual and/or sound production and/or photograph(s) and the recordings thereof, and that it has the right to use or reproduce the resulting images, video, recordings, digital media, and/or sound as often as it finds necessary. I acknowledge that the photographs, video, digital media, and/or audio may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, intranet, or in other media once released. I further understand and agree that no advertisement or other material need be submitted to me for any further approval. I waive any right to inspect or approve the way the recordings are used, or any printed matter that might be used in connection with the recordings.

I agree that SHPT has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for my appearance or participation in said productions and I waive any right to royalties or other compensation arising from or related to the use of my image, likeness, photo, voice, or recording. I agree to hold SHPT, its employees, agents, and other parties harmless against any claim, liability, loss, or damage caused by, or arising from, my participation in this production.

I have read this Consent before signing and fully understand the contents, meaning, and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing this Consent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number/Email address: \_\_\_\_\_

Signature of Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT / GUARDIAN APPROVAL (if under 18):**

I hereby warrant that I am the parent and/or guardian of the individual minor named above and have full authority to authorize the above release which I have read and approved. I hereby release and agree to indemnify SHPT and those acting pursuant to their authority, from and against any liability arising out of the exercise of the rights granted herein.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_