



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HIGH SCHOOL TENNIS CAMP

Ages 13– 17
AMERICANA YMCA

Camp participants should bring a water jug, sunscreen, snack, towel and tote bag/backpack each day. Each participant will receive a certificate. All players must bring their own tennis racquet.

REGISTRATION ENDS WEDNESDAY BEFORE CAMP. \$10 Late Fee.

Session 1: July 9th-July 13th

Session 2: July 23rd-July 27th

- \$80 for Unlimited Member
- \$95 for YMCA Member
- \$110 Program Participant

TIME: 3:00 p.m. – 5:00 p.m.

LOCATION: AMERICANA YMCA
4200 Liberty Way
Zachary, LA 70791
225-654-9622

Contact Henry at habrahams@ymcabr.org



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PARTICIPANT CONTACT INFORMATION:

Name: _____ Gender: M/F
Address: _____ Zip: _____
Phone: _____ Age: _____
DOB: ____/____/____ School or Employer: _____
E-Mail: _____

Which Camp (circle one): **Spring Break** or **Summer: Age** 5-9 or 10-13 or 13-17

If Under 18:

Mother/Guardian Name: _____
Cell Phone: _____ E-Mail: _____
Father/Guardian Name: _____
Cell Phone: _____ E-Mail: _____

IF PARTICIPATING IN SPORTS: (Circle one)

Sport: Tennis

I would like to receive information on volunteer opportunities
I would like to sponsor a child/adult/family/senior through the YMCA Annual Support
Campaign for an additional \$5 \$10 \$15 Other \$ _____

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose myself or my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident to myself and/or to my child and I am unable to respond or be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself and/or my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of myself and/or my child for promotional purposes of the YMCA. I have read and understand the above information and therefore grant myself and/or my child permission to participate in this YMCA Program in accordance with the conditions set forth above.

Signature of Participant/Parent/Guardian: _____

Date: _____

The Y is non-profit, community service organization, with a focus on strengthening the community through program that build a healthy spirit, mind and body for all. We appreciate your participation at the Y!

Receive Text and E-mail Alerts:

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