



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# JUNIOR TENNIS PROGRAMS

**Ages 5 –18**  
**AMERICANA YMCA**

Junior Tennis is where players learn teamwork, communication skills and respect. Tennis is a month to month commitment. It is suggested that each player goes through a series of private lessons to maximize development. Players are responsible for bringing rackets, close toed shoes, water bottle, sunscreen and towel. Middle School players will compete in league competition on Wednesdays in October.

Fall Tennis Season: **September—December**

Players meet on the following days.

**Future Stars (ages 5-7)** Tuesday, Thursday 5:00-6:00pm

**Champs (ages 8-10)** Tuesday, Thursday 5:00-6:00pm

**Middle School (11-13)** Monday, Wednesday 4:30-6:00pm

**High School (14-18)** Monday, Wednesday 4:30-6:00pm

**LOCATION:** AMERICANA YMCA TENNIS CENTER  
4200 Liberty Way  
Zachary, LA 70791  
[habrahams@ymcabr.org](mailto:habrahams@ymcabr.org)  
225-654-9622



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Tennis is a month to month commitment.

If rain out occurs, class will continue indoors.

Circle the month your child is participating in:

September    October    November    December(2 week session)

Circle the age group your child is participating in:

Future Stars(5-7)    Champs(8-10)    MS(11-13)    HS(14-18)

**Prices listed are per month.** \*No refunds given for missed classes.\*

**Future Stars/Champs**

2 Days a week	\$70/member	\$110/program member
1 Day a week	\$40/member	\$60/program member

**Middle School/High School**

2 Days a week	\$120/member	\$180/program member
1 Day a week	\$60/member	\$100/program member

**PARTICIPANT CONTACT INFORMATION:**

Name: \_\_\_\_\_ Gender: M/F  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ School or Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**If Under 18:**

Mother/Guardian Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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:** \_\_\_\_\_