



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FREE ADULT GROUP LESSONS

Free Group Tennis Lessons in September AMERICANA YMCA

TUESDAY 6:00pm–7:00pm Beginner Group

THURSDAY 6:00–7:00pm Intermediate and Advanced Group

- No sign up necessary.
- Bring a friend and a racket.
- Lessons will be cancelled if rain out occurs.
- No make ups.

WHEN: Tues and Thurs in September

TIME: 6:00p.m. – 7p.m.

LOCATION: AMERICANA YMCA

4200 Liberty Way
Zachary, LA 70791
225-654-9622
habrahams@ymcabr.org



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CIRCLE ONE: Beginner Intermediate/Advanced

THE Y RESERVES THE RIGHT TO ADJUST DIVISIONS BASED ON THE NUMBER OF PARTICIPANTS IN A GIVEN GROUP.

Player Name _____

Address _____ City/State/Zip _____

Primary Phone _____ Primary E-mail Address _____

Sex _____ Age _____ DOB ____/____/____

Refund Policy: Registration fees are non-refundable after the registration deadline. No Refund will be given for unmet requests for coach, team/teammate, or conflicts with practice and game sites or times. All qualifying refunds are subject to a \$25 administration fee.

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 to risk of injury. I agree to hold the YMCA harmless from any claims that may occur through participation to any property or injury to persons, which may occur through the participation in any activity at the YMCA, or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself to an appropriate facility for treatment. I assume all financial responsibility for program fees incurred as result of my participation in this YMCA program. I authorize the YMCA to use any images taken of myself for promotional purposes of the YMCA. Myself and family members will adhere to YMCA Good Sportsmanship behavior. I have read and understood the above information. I permit myself to participate in this YMCA program in accordance with the conditions set forth above.

Signature of Participant _____

Date _____

CONTACT:

Program Director

Henry Abrahams, habrahams@ymcabr.org

225-654-9622