



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. First day is Jan 7.

Tennis Season: January—May

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) Tuesday, Thursday 5:30-7:00pm

High School (14-18) Tuesday, Thursday 5:30-7:00pm

LOCATION: AMERICANA YMCA TENNIS CENTER
4200 Liberty Way
Zachary, LA 70791
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:

January February March April May (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: _____