

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HAVE A BALL

Junior Tennis Program PAULA G. MANSHIP YMCA, LAMAR TENNIS CENTER

Future Stars (ages 5-10 Beginner-Intermediate) Tuesday/Thursday 5pm-6:30pm

HS Development/Future Champs (ages 11-16 Middle School) Intermediate Monday/Wednesdays 5-6:30pm

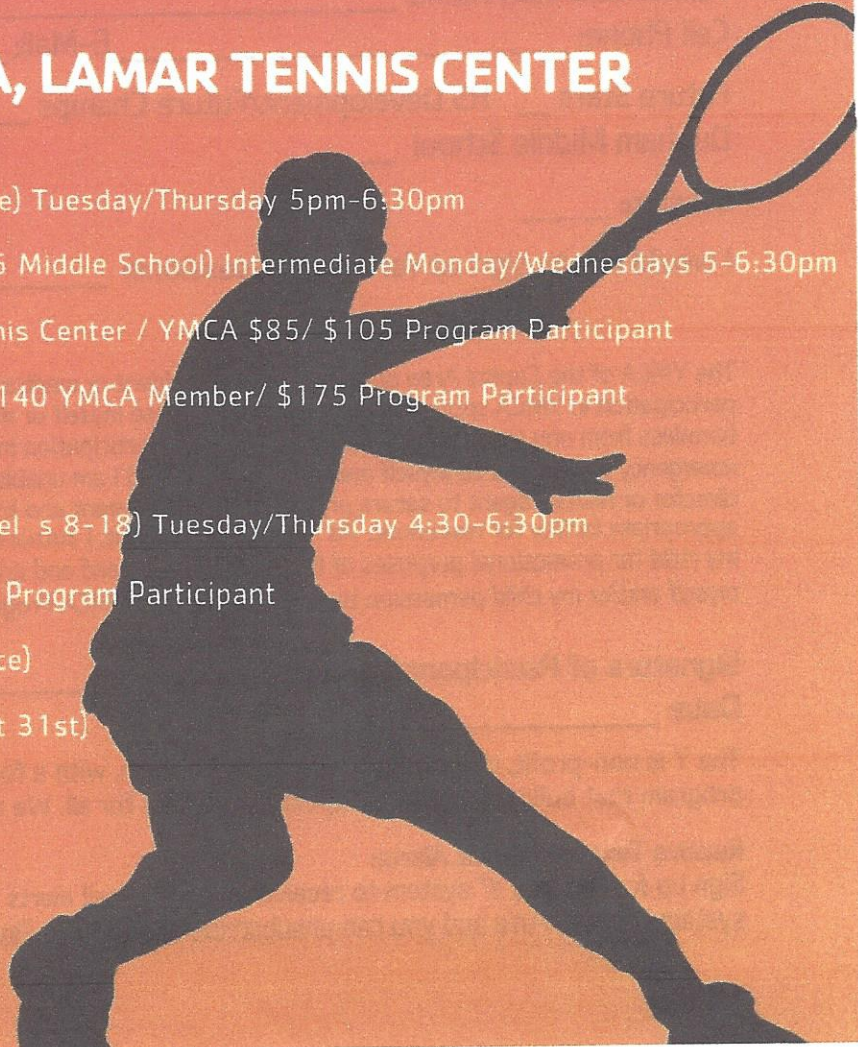
Cost per month 1 day a week: \$65 Lamar Tennis Center / YMCA \$85/ \$105 Program Participant

2 days per week: \$110 Lamar Tennis Center/\$140 YMCA Member/ \$175 Program Participant

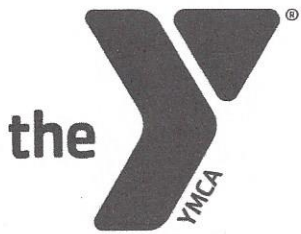
High Performance (Advanced Tournament Level s 8-18) Tuesday/Thursday 4:30-6:30pm

Cost per month \$120 LTC/\$150 YMCA / \$185 Program Participant

- Session I - August 19th-August 30th (1/2 price)
- Session II - September 3rd-30th
- Session III - October 1st-30th (no class on Oct 31st)
- Session IV - November 4th-26th
- Session V - December 2nd-13th (1/2 price)



Paula G. Manship YMCA, Lamar Tennis Center
8100 YMCA Plaza Drive
Baton Rouge, La 70810
225-612-2420



YMCA OF THE CAPITAL AREA REGISTRATION FORM

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: _____

Future Stars ___ HS Development/Future Champs ___ High Performance ___
Dunham Middle School ___

Session: _____

I would like to sign up for multiple sessions: _____

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:

Sign up for the "My Y" system to receive text and email alerts for program and branch updates. The system is free to use and you can unsubscribe at any time. Find out more by visiting ymcabr.org/myy

