



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SERVE IT UP



LAMAR TENNIS CENTER

ADULT TENNIS PROGRAM 2020

- **Double Drills 30-3.5** -Monday Mornings 9-10am or Nights 6:30-7:30 pm
- **New Player Clinic** -Tuesday Nights 7-8pm for 6 weeks
Wednesday Mornings 9-10am for 6 weeks
Saturday Mornings 9-10am for 6 weeks
First 8 players to register for New Players Clinic get a free racket
- **Drill and Play (All Levels)** -Thursday Nights 6:30-7:30pm

Session I starting week of January 14- to February 21st

Session II starting week of March 2 to April 6th

Session III starting week of April 13 to May 18

Cost for a 6 session: \$60 LTC \$85 YMCA Member/\$120 Non-Member



Paula G. ManshipYMCA/Lamar
Tennis Center

8100 YMCA Plaza Drive

Baton Rouge, LA 70810

225-612-2420



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PARTICIPANT CONTACT INFORMATION:

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

Shirt Size: Adult Small, Adult Medium, Adult Large, 2XL, 3XL ***Not all programs have shirts**

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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