



# Summer Youth Tennis Clinics

Beginning and intermediate level youth (ages 5-12) are invited to take part in either or both sets of clinics (Tuesdays/Thursdays, Session 1 July 14<sup>th</sup>-23<sup>rd</sup>, Session 2 July 28<sup>th</sup>-August 6<sup>th</sup>). Playing location is planned for local town courts (most likely adjacent to Phillips Middle School on Estes Drive). Each session will include 45-50 minutes of instruction, practice, and play, followed by 10-15 minutes of cool-down, questions and answers, and debriefing with instructors.

Fees for each two-week clinic (four Tue/Thu dates) are \$44/members and \$52/non-members.

Session Level:

Dates (Tuesdays & Thursdays):

Beginner (3:30pm starts).....	<input type="checkbox"/> July 14 <sup>th</sup> -23 <sup>rd</sup>	<input type="checkbox"/> July 28 <sup>th</sup> -August 6 <sup>th</sup>
Intermediate (4:30pm starts).....	<input type="checkbox"/> July 14 <sup>th</sup> -23 <sup>rd</sup>	<input type="checkbox"/> July 28 <sup>th</sup> -August 6 <sup>th</sup>

Participant's Full Name (child): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

E-Mail #1: \_\_\_\_\_ E-Mail #2: \_\_\_\_\_

Other Adults Authorized to Pick Up Child: \_\_\_\_\_

I hereby certify that my child is in normal health and capable of safe participation in the YMCA Youth Sports Program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the guardian(s) and the emergency contact cannot be reached.

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incidental to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims for injury sustained during my use of the YMCA property.

I support the YMCA Youth Sports Philosophy, which is based on participation, fun, health, physical fitness, skill development, teamwork, fair play, family involvement and volunteer leadership, as well as the four core values of Caring, Honesty, Respect, & Responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_