



GAME SET MATCH MATCH



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YOUTH TENNIS CLINICS

Ages 3-6: Quick Start I (1 hour):

Tuesdays 4:00-5:00pm 02/05-02/26

Ages 7-11: Quick Start II and III (1 hour):

Monday/Wednesday 4:00-5:00pm 02/04-02/27

Ages 12-16: Elite Academy

Monday/Thursday 5:00-6:00 pm 02/04-02/28

FEES (per month session):

Member Rate: \$45.00

Non-Member Rate: \$80.00

Participants must bring their own tennis racquet.

Private lessons are available.

Contact Zoey Duric details.



Zoey Duric

Professional Tennis Player and Development

Hickory Foundation YMCA

701 1st Street NW, Hickory NC 28601

828-838-1563 zoeyd@ymcacv.org

Christian Mission:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Youth Tennis Clinic Registration Form

Participants Name: _____ Age: _____ DOB: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City _____ Zip _____

Email: _____ Phone: _____

Please circle the correct age group & clinic:

Ages 3-6: Quick Start I

Ages 7-11: Quick Start II and III

Ages 12-16: Elite Academy

Please circle the current skill level for the participant:

_____ **Beginner:** Little or no prior experience

_____ **Advanced Beginner:** Has taken previous lessons, can hit forehand but weak backhand, can hit with some control, but may not be able to serve yet

_____ **Intermediate:** Is able to keep score, can hit forehand and backhand with moderate success, can basic serve, some exposure to singles and double play

_____ **Advanced:** Able to play singles and doubles, has mastered the forehand and the serve, Can play baseline and transition to the net, experience may include state USTA ranking & sanctioned tournaments or Tol 6 of Varsity high school team.

Does this participant have any disabilities, handicaps, present injuries or limitation, allergies, hemophilla, heart condition, history of respiratory illness or any other significant medical condition?

Yes No

Is there any other information you would like for the Tennis Instructor to know? _____

Participant Waiver:

I fully assume and understand the risks of myself or my child participating in the tennis program including death or injury due to falls, collisions with other participants or spectators, obstructions, sudden illness and all other risks. I attest that I or my child is physically fit to participate. I authorize program staff to provide medical attention at my expense should I or my child appears in need. For injuries myself or my child sustain, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors, and anyone else connected with the organization of this program, from any claim or lawsuit that may be brought at any time by me, family, estate, heirs or assigns, arising from myself or my child's participation in this program or the instruction received.

I understand there is a registration deadline, which the YMCA of Catawba Valley must enforce, and that there will be no refunds as the program is conducted. I give permission to have my child's photo taken for YMCA publicity without repayment.

Parent/Guardian Signature

Date