



CELEBRATING
50 YEARS
OF A COMMUNITY FIT
1969 2019

GAME SET MATCH



ADULT TENNIS: Clinics

Beginners Adult Clinic

For **Beginners** with little to no knowledge or experience with tennis. Participants will learn the important factors of tennis strokes, scoring and tennis techniques.

Clinics are Mondays

6pm-7pm, 06/03-06/24

Advanced Doubles Clinic

Enhance all facets of the doubles game! Participants will have the opportunity to practice aggressive play techniques such as controlling the net and pressuring the opponent.

Clinics are Fridays

6pm-7pm, 06/07-06/28

FEES (per month session):

Members: \$45.00

Non-Members: \$80.00

Participants must bring their own tennis racquet.



Zoey Duric

Tennis Director & Teaching Professional
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.

Adult Drill Clinic Registration Form

Participants Name: _____ Age: _____ DOB: _____

Address: _____ City _____ Zip _____

Email: _____ Phone: _____

Please circle the correct clinic:

Advanced Doubles (partner: _____)

Beginner Clinic

Please circle the current skill level for the participant (N/A for Beginner Clinic):

_____ **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 photo taken for YMCA publicity without repayment.

Participant _____

Date _____