



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

# 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, 03/02-03/23

### **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, 03/06-03/27

**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

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### **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