



AN NJTL CHAPTER SUPPORTED BY  USTA  
FOUNDATION.

## **Eldon Roark Tennis Center Junior Development Program**

1500 Finley Road  
Memphis, TN 38116  
(901) 332-0546

Tennis Memphis (TM), in partnership with Great Base Tennis (GBT), offers tennis instruction and training for players of all levels, beginning at age four. Tennis Memphis offers an all-encompassing Junior Development (JD) program, whether a player's goal is to play once a week to learn the lifetime sport of tennis or to arrange a non-traditional school schedule to pursue competitive goals. TM's Junior Development Program has three categories: 1) Early Childhood Development (ECD) ages 4-9, 2) Skill Acquisition (SA), and 3) Competitive Training (CT). The three categories interface with each other and are offered during three schedules: 1) School Year, 2) Summer, and 3) Holidays. TM's professional staff will provide fact-based instruction through the GBT curriculum to all students with an emphasis on long-term development. A technical assessment is a pre-requisite for all players (except for those brand new to tennis.) The schedule and fee structure for our JD program are divided into monthly sessions.

**March 20 – April 19**

**April 20– May 19**

For more program information contact Arnold Thompson, Director of Programs via email: [athompson@tennismemphis.org](mailto:athompson@tennismemphis.org) (preferred) or (901) 596-0637 and he will respond within 24 hours.

**Note: All times and fees are subject to change.**

**Schedule: Monday-Thursday, 4:00-6:00 pm.**

**Registration:** Fill out form on reverse side and turn it in with payment at the center, or mail to Tennis Office, 4145 Southern Avenue, Memphis, TN 38117.

**Fees: \$5 per clinic, \$15 per week, or \$50 per month.**

**Sibling discount: 50% off**

Tennis racquets provided, or players may bring their own racquet.





## Junior Development Registration Form

March 20 – April 19

April 20– May 19

Complete a form for each child participating.

<i>FIRST Name</i>	<i>LAST Name</i>	<i>Date of Birth</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Business Phone</i>	<i>Cell Phone</i>	
<i>Email address required (Please print neatly)</i>			

<i>Parent/Guardian First Name</i>	<i>Parent/Guardian Last Name</i>	<i>Relationship</i>
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Mark monthly session:

List program and planned days and times attending each week:

March 20 – April 19

Program \_\_\_\_\_

April 20 – May 19

Tennis Center \_\_\_\_\_

Days & Times: \_\_\_\_\_

Payment Total: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

### WAIVER, RELEASE & AUTHORIZATION

I, the undersigned parent/guardian, hereby consent for my child to participate in Youth Tennis Clinics. In consideration of participation in the program, I hereby indemnify and hold harmless the City of Memphis, Great Base Tennis, Tennis Memphis and any sponsors of the program and its respective employees, staff, board members, officers, agents, successors. I release the same from any and all liability for any injury or illness which may be suffered by my child arising out of, or in any way connected with the program, and assume the risk for such injury or illness. I, the undersigned, have read this release and understand all of its terms and hereby execute voluntarily, with all knowledge and understanding of its significance.

PUBLICITY RELEASE: I hereby give my consent for my child to be interviewed or photographed by the media and Tennis Memphis for purposes of website, social media, marketing, advertising, or newspaper publication.

PARENT'S AUTHORIZATION: In the event that I cannot be reached in an emergency, I hereby authorize any medical assistance or treatment deemed necessary in the event of any injury to my child while participating in any program activity. I agree that if my child does not have appropriate insurance coverage, I will pay all costs of medical services incurred on his or her behalf.

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

Print Name \_\_\_\_\_