



Junior Development Programs

Bellevue & Eldon Roark Tennis Centers

Financial Assistance is available for all youth programs. Please contact Melinda Hoehn for details at mhoehn@tennismemphis.org

After-School Program

Session Dates

Session 1: August 13-October 6

Session 2: October 15-December 23

Session 3: January 7-March 10

Session 4: March 18-May 19

Fees: The fee for programs at Bellevue and Eldon Roark Tennis Centers is a \$10 registration fee per child per session.

Levels

See the player development pathway page and individual level pages for more details. Students must be placed in a level by a coach, unless the student has limited or no tennis experience. The program is designed for ages 7-18 and players are grouped by skill level. The Early Childhood Development Program (ECD) is designed to deliver the program in an age-appropriate way for ages 5-6.

Skill Information (SI), Skill Acquisition (SA), & Early Childhood Development (ECD) ages 5-6. *ECD class offered Saturdays 10-11am only.***

Schedule:

Day of week	Monday	Tuesday	Wednesday	Thursday	Saturday
Location	Bellevue & Eldon Roark	Bellevue & Eldon Roark	Bellevue & Eldon Roark	Bellevue & Eldon Roark	Bellevue & Eldon Roark
Time	4-5	5-6	4-5	5-6	10-11

Skill Acquisition Plus (SAP)

Schedule:

Day of week	Monday	Tuesday	Wednesday	Thursday	Saturday
Location	Bellevue & Eldon Roark	Bellevue & Eldon Roark	Bellevue & Eldon Roark	Bellevue & Eldon Roark	Bellevue & Eldon Roark
Time	4-6	4-6	4-6	4-6	10-12

In Partnership with:





Competitive Training (CT) & Competitive Training Plus (CT+)

Pricing:

Price per session weekday (M-F): 1 day per week: \$180, 2 days per week: \$360, 3 days per week: \$540; Drop-in rate weekday: \$28 per class

Price per session weekend (Sa, S): \$810

Price per day: prepaid price per Saturday: \$60 full-day; \$30 for ½ day (12-3, or 3-6 only)

Sunday: \$30 per day; Drop-in price for Saturday: \$72 full day; \$36 for ½ day; Drop-in price for Sunday: \$36 per day

Schedule:

Match play & Simulated Drills F, Sa, S

Day of week	Monday	Wednesday	Friday	Saturday	Sunday
Location	LW	LW	LW	LW	ER
Time	4-6	4-6	4-6	12-6	1:30-4:30

Non-traditional Scheduling: 10 month program designed for students who have competitive goals and aspire to play college tennis and beyond. The program runs from August 6 to May 24. Pricing is \$1150 per month. Discounts for students enrolled full-time: Pre-pay for 2 months and receive 10% off. Pre-pay for 3 months and receive 15% off. Sibling discount: 50%.

Schedule:

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Location	ER + LW	ER	ER + LW	ER	LW	LW	ER
Time	7:30-10 Study Hall 10-3 ER 4-6 LW	7:30-12 Study Hall 12-6	7:30-10 Study Hall 10-3 ER 4-6 LW	7:30-10 Study Hall 10-4	3-7	12-6	1:30-4:30

In Partnership with:





Policies

Prospective students policy: Students and parents may observe the program before you decide to enroll.

Video Policy: ALL STUDENTS in the SA, ECD, & SAP* groups, must have an abbreviated assessment before they may attend the Junior Development Program (complete beginners are exempt.) Students at the CT & CT+ level must have a technical assessment before entering the program. Please see video assessment sheet for details and pricing.

Sibling Discount: 10% for the 2nd child, 25% for the 3rd child, & 50% for 4+ children (not including the first registrant)

Make-up Policy: Students may make up any classes missed in the session within that same session on a different day. Please inform a coach which day you plan to attend as a makeup day. Missed classes do not carry over from session to session

For more program and registration information contact a Tennis Memphis coach, call 901-374-0603, or email tennisoffice@tennismemphis.org

www.tennismemphis.org

In Partnership with:





Registration Information

Form must be completed for each child.

Players must be placed in a program level by a coach.

Tennis Center: _____

Check Session: ___ 1 ___ 2 ___ 3 ___ 4

Check Program Level: ___ ECD ___ SI ___ SA ___ SAP

Check Day(s) and Time(s)

ECD ___ Saturday 10-11

SI ___ Mon. 4-5 ___ Tue. 5-6pm ___ Wed. 4-5pm ___ Thu. 5-6 ___ Sat. 10-11

SA ___ Mon. 4-5 ___ Tue. 5-6pm ___ Wed. 4-5pm ___ Thu. 5-6 ___ Sat. 10-11

SAP ___ Mon. 4-6 ___ Tue. 4-6pm ___ Wed. 4-6pm ___ Thu. 4-6 ___ Sat. 10-12

Payment amount: \$ _____

Full Name of Participant: _____

Date of Birth: _____ School Attending (2018-2019): _____

Parent/Guardian's Name: _____

Relationship: _____

Address: _____ St ___ Zip _____

Email: _____ Telephone Number _____

Emergency Contact: _____ Phone Number: _____

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: If 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.

Signature of Parent/Guardian: _____

In Partnership with:





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