



## Raleigh Tennis Center

### Session 2 October 17-November 19

(5 week session)

#### **SCHEDULE & FEES**

##### **Early Childhood Development (ECD) ages 5-6**

- Classes held outdoors

T/TH 5:00pm-6:00pm

S 9:00am-10:00am **Bellevue Tennis Center**

\$75 per 5 week session / 3 days per week / 3 total hours

##### **Skill Information (SI)**

- Classes held outdoors

T/TH 4:00pm-5:00pm

S 10:00am-11:00am **Bellevue Tennis Center**

\$75 per 8 week session / 3 days per week / 3 total hours

##### **Skill Acquisition (SA)**

- Classes held outdoors

T/TH 4:00pm - 6:00pm

S 10:00am-12:00pm **Bellevue Tennis Center**

\$150 per 8 week session / 3 days per week / 2 hours per day

For students who are unable to commit to the full program, we provide the option to register for the days that they are able to attend. This option will be available as space permits and is not guaranteed.

#### **Daily Rates Apply**

**\$10/ 1hr, \$15/ 2hr**

If you are not sure or have questions on which group to register your student, contact

**Alvin Abston : [aabston@tennismemphis.org](mailto:aabston@tennismemphis.org), or 901-240-5730**

# Raleigh Tennis Center

## Session 2 October 17-November 19, 2022 (5 week session)

### JD PROGRAM REGISTRATION FORM

All classes are held outdoors. Days missed due to inclement weather can be made up at the end of the session.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Spring 2022 \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_  
Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_  
Email: \_\_\_\_\_  
Priority Registration: Student enrolled in prior JD session? \_\_\_ Yes \_\_\_ No

#### SELECT CLASS

| Group                             | Classes                        | Cost  |
|-----------------------------------|--------------------------------|-------|
| Early Childhood Development (ECD) | ___ T/TH 5:00-6:00pm           | \$105 |
|                                   | ___ SAT 9:00-10:00am Bellevue  |       |
| Skill Information (SI)            | ___ T/TH 4:00-5:00pm           | \$105 |
|                                   | ___ SAT 9:00-10:00am Bellevue  |       |
| Skill Acquisition (SA)            | ___ T/TH 4:00-6:00pm           | \$210 |
|                                   | ___ SAT 10:00-12:00pm Bellevue |       |

**TOTAL PAYMENT** \$ \_\_\_\_\_ Credit Card only due to coronavirus  
or ONLINE <https://tennismemphis.clubautomation.com>

#### For students who are unable to commit to the full program.

TM provides an option to register for selected days based on available space and is not guaranteed.

**DAILY RATES APPLY**

\$10/ per 1hr class , \$15/ per 2hr class

**SELECT CLASS** \_\_\_ ECD \_\_\_ SI \_\_\_ SA \_\_\_

Select Number Days Per Week \_\_\_ 3 days \_\_\_ 2 Days \_\_\_ 1 Day

Select Days Per Week \_\_\_ T \_\_\_ TH \_\_\_ S

**TOTAL PAYMENT** \$ \_\_\_\_\_ Session 8 weeks X \_\_\_\_\_ Days Per Week X \$\_\_\_\_\_ Daily Rate

**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\_\_\_\_\_

Date \_\_\_\_\_

