



**Leftwich Tennis Center**  
**Session 3 January 8 - March 9, 2024**

**SCHEDULE & FEES**

**Red Ball Group**

- ages 5-10
- Classes held on indoor courts

**M/Th/F 4:00pm-5:00pm**

**Saturday 11-12:00pm**

**Mondays \$180 per 9 week session**

**Thursdays \$180 per 9 week session**

**Friday \$180 per 9 week session**

**Saturday \$180 per 9 week session**

**Orange Ball Group**

- ages 6-10
- Classes held on indoor courts

**M/Th/F 4:00pm-5:00pm**

**Saturday 11-12:00pm**

**Mondays \$180 per 9 week session**

**Thursdays \$180 per 9 week session**

**Friday \$180 per 9 week session**

**Saturday 11-12:00pm \$180 per 9 week session**

**Green Ball Group**

- ages 8-10
- Classes held on indoors courts

**M/Th/F 4:00pm - 5:30pm**

**Saturday 12-1:30pm**

**Mondays \$270 per 9 week session**

**Thursdays \$270 per 9 week session**

**Friday \$270 per 9 week session**

**Saturday \$270 per 9 week session**

**Yellow Ball Group**

- Ages 10+, beginner level
- Classes held on indoors courts

**M,W,F 4:00pm-5:30pm**

**Saturday 12-1:30pm**

**Monday \$270 per 9 week session**

**Wednesday \$270 per 9 week session**

**Friday \$270 per 9 week session**

**Saturday 12-1:30pm \$270 per 9 week session**

## **Competition Group**

- Ages 10+, tournament level players
- Classes held on indoors courts

**T/W/Th 4:00pm-5:30pm, Sat 9-11am**

**Tuesdays \$270 per 9 week session**

**Wednesday \$270 per 9 week session**

**Thursday \$270 per 9 week session**

**Saturday \$360 per 9 week session**

## **Elite Group**

- Ages 12+, advanced tournament level players and has UTR requirements  
Must be approved by junior director
- Classes held on indoors courts

**M/T/W/Th 5:30pm-7:00pm, Sat 9-11am**

**Monday \$270 per 9 week session**

**Tuesdays \$270 per 9 week session**

**Wednesday \$270 per 9 week session**

**Thursday \$270 per 9 week session**

**Saturday \$360 per 9 week session**

### **Daily Rates Apply**

**\$20/1hr, \$30/1.5hr, \$40/2hr**

### **Drop in Rates**

**\$25/1hr, \$37.50/1.5hr, \$50/2hr**



If you are not sure or have questions on which group to register your student, contact Junior Director Cedric De Zutter at [cdezutter@tennismemphis.org](mailto:cdezutter@tennismemphis.org)

**Leftwich Tennis Center**  
**Session 3 January 8 -March 9, 2024**  
**JD PROGRAM REGISTRATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male

Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Spring 2023 \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

**SELECT CLASS**

Group	Classes	Cost
Red Ball Group	___ M/Th/F/S	\$180 X ___ = _____
Orange Ball Group	___ M/Th/F/S	\$180 X ___ = _____
Green Ball Group	___ M/Th/F/S	\$270 X ___ = _____
Yellow Ball Group	___ M/W/F/S	\$270 X ___ = _____
Competition Group	___ T/W/Th	\$270 X ___ = _____
	___ Sat 9-11am	\$360 X ___
Elite Group	___ M/T/W/Th	\$270 X ___ = _____
	___ Sat 9-11am	\$360 ___

**TOTAL PAYMENT** \$ \_\_\_\_\_ Pay at front desk or online <https://tennismemphis.clubautomation.com>

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