



Leftwich Tennis Center
Session 4 March 18 - May 18, 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 6-11
- 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 8-11
- 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 to advance level
- Classes held on indoors courts,
- May go outdoors if weather permits

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
- May go outdoors if weather permits

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

Leftwich Tennis Center
Session 4 March 18 -May 18, 2024
JD PROGRAM REGISTRATION FORM

First Name _____ Last Name _____ Male Female

Birthdate ____/____/____ Grade in Spring 2024 _____ School _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Cell # _____ Email: _____

Parent/Guardian _____ Cell # _____ Email: _____

SELECT CLASS

Group	Classes	Cost
Red Ball Group	<input type="checkbox"/> M/Th/F/S	\$180 X ____ = ____
Orange Ball Group	<input type="checkbox"/> M/Th/F/S	\$180 X ____ = ____
Green Ball Group	<input type="checkbox"/> M/Th/F/S	\$270 X ____ = ____
Yellow Ball Group	<input type="checkbox"/> M/W/F/S	\$270 X ____ = ____
Competition Group	<input type="checkbox"/> T/W/Th	\$270 X ____ = ____
	<input type="checkbox"/> Sat 9-11am	\$360 X ____
Elite Group	<input type="checkbox"/> M/T/W/Th	\$270 X ____ = ____
	<input type="checkbox"/> 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, 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 _____