TENNIS
MEMPHIS

Bellevue Tennis Center

Session 2 - October 20 - December 20, 2025

SCHEDULE & FEES

Red Ball Group Ages 5-6

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

$100 per 9 week session / 2 days per week / 2 total hours per week

Orange Ball Group Ages 6-11

Classes held on outdoor courts

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

$100 per 9 week session / 2 days per week / 2 total hours per week

Green / Yellow Ball Group Ages 8-18 intermediate

M-TH 4:30pm - 6:00pm

$150 per 9 week session / 2 days per week / 3 hours per week

Competitive Training

M-TH 4:30pm - 6:00pm

$200 per 9 week session / 4 days per week / 6 hours per week

Drop In- $25 (must have card on file)

FINANCIAL ASSISTANCE IS AVAILABLE - Contact Steve Phillips, Accounting, for more information at sphillips@tennismemphis.org

Bellevue Tennis Center

Session 2 - October 20 – December 20, 2025 (9 week session)

JD PROGRAM REGISTRATION FORM

First Name_____ Last Name_____ ___ Male ___ Female

Birthdate_____/_____/_____ Grade in 2025_____ School_____

Address _____ City_____ State____ Zip_____

Parent/Guardian_____ Cell #_____ Email:_____

Program	Ages	Days	Time	Fee	Select
Red Ball	5–6	Mon & Tue	4:00 PM – 5:00 PM	$100	☐
Orange Ball	6–11	Mon & Tue	5:00 PM – 6:00 PM	$100	☐
Green/Yellow Ball (Intermediate)	8–18	Wed & Thu	4:30 PM – 6:00 PM	$150	☐
Competitive Training	—	Mon – Thu	4:30 PM – 6:00 PM	$200	☐

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 _____

TENNIS MEMPHIS

MEMPHIS PARKS