Leftwich Tennis Center

Session 2 - October 20 - December 20, 2025

JUNIOR DEVELOPMENT (JD) PROGRAM REGISTRATION FORM

SCHEDULE & FEES

Red Ball Group

Ages 5-10

Classes held on indoor courts

Mon, Tu, 4:00pm-5:00pm
$180 per 9 week session
Th 4:00pm-5:00pm
$160 per 9 week session
Fri 4:00pm-5:00pm
$140 per 9 week session
Saturday 8:00am-9:00am
$120 per 9 week session

Orange Ball Group

Ages 6-11

Classes held on indoor courts

Mon, Tu, 4:00pm-5:00pm
$180 per 9 week session
Th 4:00pm-5:00pm
$160 per 9 week session
Fri 4:00pm-5:00pm
$140 per 9 week session
Saturday 8:00am-9:00am
$120 per 9 week session

Green Ball Group

Ages 8-11

Classes held on indoor courts

Mon, Tu, 4:00pm-5:30pm
$270 per 9 week session
Th 4:00pm-5:30pm
$240 per 9 week session
Fri 4:00pm-5:30pm
$210 per 9 week session
Saturday 9:00am-10:30am
$180 per 9 week session

Yellow Ball Group

Ages 10+, beginner to advance level

Classes held on indoor courts

Mon 4:00pm-5:30pm
$270 per 9 week session
Wed 4:00pm-5:30pm
$240 per 9 week session
Fri 4:00pm-5:30pm
$210 per 9 week session
Saturday 9:00am-10:30am
$180 per 9 week session

Competition Group

Ages 10+, tournament level players

Classes held on indoor courts

Tu, 4:00pm-5:30pm
$270 per 9 week session
Wed 4:00pm-5:30pm
$240 per 9 week session
Thu 4:00pm-5:30pm
$240 per 9 week session
Saturday 10:00am-12:00pm
$240 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 indoor courts

Mon, Tu, 5:00pm-7:00pm
$360 per 9 week session
Wed, Thu 5:00pm-7:00pm
$320 per 9 week session
Saturday 10:00am-12:00pm
$240 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 2 - October 20 -December 20, 2025

JUNIOR DEVELOPMENT (JD) PROGRAM REGISTRATION FORM

First Name_____ Last Name_____ ___ Male ___ Female

Birthdate_____/_____/_____ Grade in 2025_____ School_____

Address _____ City_____ State____ Zip_____

Parent/Guardian_____ Cell #_____ Email:_____

Parent/Guardian_____ Cell #_____ Email:_____

SELECT CLASS

Red Ball Group	Orange Ball Group	Green Ball Group
___ Mon/Tu $180 X _____=_____	___ Mon/Tu $180 X _____=_____	___ Mon/Tu $270 X _____=_____
___ Th $160 X _____=_____	___ Th $160 X _____=_____	___ Th $240 X _____=_____
___ Fri $140 X _____=_____	___ Fri $140 X _____=_____	___ Fri $210 X _____=_____
___ Sat $120 X _____=_____	___ Sat $120 X _____=_____	___ Sat $180 X _____=_____
Yellow Ball Group	**Competition Group**	**Elite Group**
___ M $270 X _____=_____	___ Tu $270 X _____=_____	___ Mon/Tu $360 X _____=_____
___ Wed $240 X _____=_____	___ W/Th $240 X _____=_____	___ W/Th $320 X _____=_____
___ Fri $210 X _____=_____	___ Sat $240 X _____=_____	___ Sat $240 X _____=_____
___ Sat $180 X _____=_____		

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 _____