



# BELLEVUE TENNIS CENTER

FALL SESSION 1 | AUG 10 - OCT 10, 2026

JUNIOR DEVELOPMENT (JD) PROGRAM

REGISTRATION FORM, SCHEDULE & FEES

GROUP NAMES	AGE GROUPS
Red Ball	5 and 6 year olds   Beginner 7 and 8 year olds
Orange Ball	Beginner Up to 11 year olds with tennis foundation
Green Ball	Ages 8-11+ year olds who know 7 essential strokes and can rally maintaining form
Yellow Ball	10+ year old beginner to advanced levels who maintain appropriate contact point, aim, and control the ball in a live ball situation.

## RED BALL GROUP

*Ages 5-6*

*Classes held on indoor courts*

**MON | WED**

**4:00PM-5:00PM**

**2 DAYS PER WEEK**

**2 HOURS TOTAL PER WEEK**

\$270 per 9 week session

## ORANGE BALL GROUP

*Ages 6-11*

*Classes held on indoor courts*

**MON | WED**

**4:00PM-5:00PM**

**2 DAYS PER WEEK**

**2 HOURS TOTAL PER WEEK**

\$270 per 9 week session

## GREEN/YELLOW BALL GROUP

*Ages 8-18 Intermediate*

*Classes held on indoor courts*

**TUE | THU**

**4:00PM-5:30PM**

**2 DAYS PER WEEK**

**3 HOURS TOTAL PER WEEK**

\$300 per 9 week session

## PERFORMANCE LEVEL 1

*Classes held on indoor courts*

**MON | TUE | WED | THU**

**5:00PM - 6:30PM**

**4 DAYS PER WEEK**

**6 HOURS TOTAL PER WEEK**

\$300 per 9 week session

## PERFORMANCE LEVEL 2

*Classes held on indoor courts*

**MON | TUE | WED | THU**

**5:00PM - 6:30PM**

**4 DAYS PER WEEK**

**6 HOURS TOTAL PER WEEK**

\$300 per 9 week session

**Drop in Rates**

\$25 per day (Must have card on file please, limit 2 drop ins per session)

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

**Coach Tony Womeodu** with any questions at [Twomeodu@tennismemphis.org](mailto:Twomeodu@tennismemphis.org) .

**BELLEVUE TENNIS CENTER**  
**FALL SESSION 1 | AUG 10 - OCT 10, 2026**  
**JUNIOR DEVELOPMENT (JD) PROGRAM REGISTRATION FORM**

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

\_\_\_ Male \_\_\_ Female Birthdate\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade in Spring 2026\_\_\_\_\_

School\_\_\_\_\_

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

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

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

**SIGN UP FOR THE ENTIRE SESSION**

PROGRAM	AGES	DAYS	TIME	FEE
RED BALL	5-6	MON   WED	4:00 - 5:00 PM	\$270
ORANGE BALL	6-11	MON   WED	4:00 - 5:00 PM	\$270
GREEN/YELLOW BALL	8-18	TUE   THU	4:00 - 5:30PM	\$300
PERFORMANCE 1		MON   TUE   WED THU	5:00 - 6:30 PM 5:00 - 6:30 PM	\$300
PERFORMANCE 2		MON   TUE   WED   THU	5:00 - 6:30 PM	\$300

Pay at the front desk or online <https://tennismemphis.clubautomation.com>.

**FINANCIAL ASSISTANCE IS AVAILABLE**

Contact **Bonnie Delashmit**, Chief Operating Officer, for more information at  
[bdelashmit@tennismemphis.org](mailto:bdelashmit@tennismemphis.org).

## 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 \_\_\_\_\_

