



LEFTWICH TENNIS CENTER

FALL SESSION 1 | AUG 10 - OCT 10, 2026

JUNIOR DEVELOPMENT (JD) PROGRAM

REGISTRATION FORM, SCHEDULE & FEES

RED BALL GROUP

Ages 5-10

Classes held on indoor courts

MON | TUE | THU | FRI 4:00PM-5:00PM

SAT 8:00AM - 9:00AM

MON 4:00PM - 5:00PM

\$180 per 9 week session

TUE 4:00PM - 5:00PM

\$180 per 9 week session

THU 4:00PM - 5:00PM

\$180 per 9 week session

FRI 4:00PM - 5:00PM

\$180 per 9 week session

SAT 8:00AM - 9:00AM

\$180 per 9 week session

GREEN BALL GROUP

Ages 8-11

Classes held on indoor courts

MON | TUE | THU | FRI 4:00PM-5:30PM

SAT 9:00AM - 10:30AM

MON 4:00PM - 5:30PM

\$270 per 9 week session

TUE 4:00PM - 5:30PM

\$270 per 9 week session

THU 4:00PM - 5:30PM

\$270 per 9 week session

FRI 4:00PM - 5:30PM

\$270 per 9 week session

SAT 9:00AM - 10:30AM

\$270 per 9 week session

COMPETITION GROUP

Ages 10+, tournament level players

Classes held on indoor courts

**Outdoors weather permitting*

TUE | WED | THU 4:00PM-5:30PM

SAT 10:00AM - 12:00PM

TUE 4:00PM-5:30PM

\$270 per 9 week session

WED 4:00PM-5:30PM

\$270 per 9 week session

THU 4:00PM-5:30PM

\$270 per 9 week session

SAT 10:00AM-12:00PM

\$270 per 9 week session

ORANGE BALL GROUP

Ages 6-11

Classes held on indoor courts

MON | TUE | THU | FRI 4:00PM-5:00PM

SAT 8:00AM - 9:00AM

MON 4:00PM - 5:00PM

\$180 per 9 week session

TUE 4:00PM - 5:00PM

\$180 per 9 week session

THU 4:00PM - 5:00PM

\$180 per 9 week session

FRI 4:00PM - 5:00PM

\$180 per 9 week session

SAT 8:00AM - 9:00AM

\$180 per 9 week session

YELLOW BALL GROUP

Ages 10+, beginner to advance level

Classes held on indoor courts

**Outdoors weather permitting*

MON | WED | FRI 4:00PM-5:30PM

SAT 9:00AM - 10:30AM

MON 4:00PM-5:30PM

\$270 per 9 week session

WED 4:00PM-5:30PM

\$270 per 9 week session

FRI 4:00PM-5:30PM

\$270 per 9 week session

SAT 9:00AM-10:30AM

\$270 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 | TUE | WED | THU 5:00PM-7:00PM

SAT 10:00AM - 12:00PM

MON 5:00pm-7:00pm

\$360 per 9 week session

TUE 5:00pm-7:00pm

\$360 per 9 week session

WED 5:00pm-7:00pm

\$360 per 9 week session

THU 5:00pm-7:00pm

\$360 per 9 week session

SAT 10:00am-12:00pm

\$360 per 9 week session

ELITE PERFORMANCE GROUP

Ages 12+, advanced tournament level players and has UTR requirements

Must be approved by Junior Director

Classes held on indoor courts

MON | TUE | WED | THU 5:00PM-7:00PM

SAT 10:00AM - 12:00PM

MON 5:00pm-7:00pm

\$450 per 9 week session

TUE 5:00pm-7:00pm

\$450 per 9 week session

WED 5:00pm-7:00pm

\$450 per 9 week session

THU 5:00pm-7:00pm

\$450 per 9 week session

SAT 10:00am-12:00pm

\$450 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

| 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. |

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

FINANCIAL ASSISTANCE IS AVAILABLE

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

SCROLL DOWN

LEFTWICH 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:_____

SELECT CLASS

| GROUP | CLASSES | COST |
|-------------------|-----------------------|-----------------------|
| Red Ball Group | _____ Mon/Tue/Thu | \$180 x _____ = _____ |
| | _____ Fri | \$180 x _____ = _____ |
| | _____ Sat | \$180 x _____ = _____ |
| Orange Ball Group | _____ Mon/Tue/Thu | \$180 x _____ = _____ |
| | _____ Fri | \$180 x _____ = _____ |
| | _____ Sat | \$180 x _____ = _____ |
| Green Ball Group | _____ Mon/Tue/Thu | \$270 x _____ = _____ |
| | _____ Fri | \$270 x _____ = _____ |
| | _____ Sat | \$270 x _____ = _____ |
| Yellow Ball Group | _____ Mon/Wed | \$270 x _____ = _____ |
| | _____ Fri | \$270 x _____ = _____ |
| | _____ Sat | \$270 x _____ = _____ |
| Competition Group | _____ Tue/Wed/Thu | \$270 x _____ = _____ |
| | _____ Sat | \$360 x _____ = _____ |
| Elite Group | _____ Mon/Tue/Wed/Thu | \$360 x _____ = _____ |
| | _____ Sat | \$360 x _____ = _____ |

| | | |
|-------------------------|-----------------------|-----------------------|
| Elite Performance Group | _____ Mon/Tue/Wed/Thu | \$450 x _____ = _____ |
| | _____ Sat | \$450 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 _____

