TENNIS MEMPHIS
WOLBRECHT TENNIS CENTER

RALEIGH TENNIS CENTER
JUNIOR DEVELOPMENT (JD) PROGRAM
FALL SESSION 2 | OCT 19 - DEC 19, 2026
REGISTRATION FORM, SCHEDULE & FEES

LEVEL	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 w/ho 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 5-10

MON | TUE | WED | THU
4:00PM-6:00PM

4 DAYS PER WEEK
8 HOURS TOTAL PER WEEK

$200 per day per 9 week session
$800 for all four days

ORANGE BALL GROUP
Ages 6-11

MON | TUE | WED | THU
4:00PM-6:00PM

8 HOURS TOTAL PER WEEK

$200 per day per 9 week session
$800 for all four days

GREEN BALL GROUP
Ages 8-11

MON | TUE | WED | THU
4:00PM-6:00PM

4 DAYS PER WEEK
8 HOURS TOTAL PER WEEK

$200 per Day per 9 week session
$800 Per Session for all four days

YELLOW BALL GROUP
Ages 10+
Beginner to advance level

MON | TUE | WED | THU
4:00PM-6:00PM

4 DAYS PER WEEK
8 HOURS TOTAL PER WEEK

$200 per day per 9 week session
$800 for all four days

FOR STUDENTS WHO ARE UNABLE TO COMMIT TO THE FULL PROGRAM, WE PROVIDE THE OPTION TO REGISTER FOR THE DAYS THAT THEY ARE ABLE TO ATTEND.

***THIS OPTION WILL BE AVAILABLE AS SPACE PERMITS AND IS NOT GUARANTEED.**

$7/CLASS IF YOU SELECT DAYS YOU ATTEND - EXAMPLE: MON(S) AND WED(S) FOR 10 WEEKS ($140)
DROP IN RATES | $25 PER DAY

IF YOU ARE NOT SURE OR HAVE QUESTIONS ON WHICH GROUP TO REGISTER YOUR STUDENT, PLEASE CONTACT COACH JON BELL WITH ANY QUESTIONS AT JBELL@TENNISMEMPHIS.ORG.

OPTION 1 - SIGN UP FOR THE ENTIRE SESSION

RED, ORANGE, OR GREEN BALL TOTAL PAYMENT _____ $

YELLOW BALL TOTAL PAYMENT_____$

RALEIGH TENNIS CENTER FALL SESSION 1 | OCT 19 - DEC 19, 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:_____

SCROLL DOWN TO SIGN

FINANCIAL ASSISTANCE IS AVAILABLE | CONTACT BONNIE DELASHMIT, CHIEF OPERATING OFFICER, FOR MORE INFORMATION AT 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 _____