



WOLBRECHT 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 5-6 Classes held on indoor courts MON WED 4:00PM-5:00PM 2 Days per week/1 Hour per day \$300 per 9 week session	ORANGE BALL GROUP Ages 6-11 Classes held on indoor courts MON WED 5:00PM-6:00PM 2 Days per week/1 Hour per day \$300 per 9 week session
GREEN BALL GROUP Ages 8-11 Beginner to Advance Level Classes held on indoor courts TUE THU 4:00PM-6:00PM 2 Days per week/2 Hours per day \$300 per 9 week session	YELLOW BALL GROUP Ages 10+ Beginner to Advance Level Classes held on indoor courts TUE THU 4:00PM-6:00PM 2 Days per week/2 Hours per day \$300 per 9 week session

RAIN MAKE-UPS WILL BE MADE UP DURING THE WEEK(S) BETWEEN SESSIONS 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. | DAILY RATES APPLY - \$18/ PER 1HR CLASS , \$36/ PER 2HR CLASS | IF YOU ARE NOT SURE OR HAVE QUESTIONS ON WHICH GROUP TO REGISTER YOUR STUDENT, CONTACT TENNIS CENTER DIRECTOR JAY ROBILLARD AT [JROBILLARD@TENNISMEMPHERG](mailto:jrobillard@tennismemphis.org).

WOLBRECHT 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: _____



PROGRAM	AGES	DAYS	TIME	FEE
RED BALL	5-6	MON WED	4:00 - 5:00 PM	\$300
ORANGE BALL	6 - 11	MON WED	5:00 - 6:00 PM	\$300
GREEN/YELLOW BALL	8-11, 10+	TUE THU	4:00 - 6:00 PM	\$600

TOTAL PAYMENT \$ _____

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.

DAILY RATES APPLY

\$18/ per 1hr class , \$36/ per 2hr class

SELECT CLASS ___ Red ___ Orange ___ Green ___ Yellow ___

Select Number Days Per Week ___ 2 Days ___ 1 Day

Select Days Per Week ___ M ___ T ___ W ___ TH

TOTAL PAYMENT \$ _____ Session ___ 10_ weeks X _____ Days Per Week X \$ _____ Daily Rate

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