# RALEIGH - PIEROTTI TENNIS CENTER

## WINTER SESSION 3 |JAN 4- MARCH 6, 2027

### 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 5-10***

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

**4 DAYS PER WEEK**
**8 HOURS TOTAL PER WEEK**
$300 per 9 week session

**ORANGE BALL GROUP**
***Ages 6-11***

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

**4 DAYS PER WEEK**
**8 HOURS TOTAL PER WEEK**
$300 per 9 week session

**GREEN BALL GROUP**
***Ages 8-11***

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

**4 DAYS PER WEEK**
**8 HOURS TOTAL PER WEEK**
$300 per 9 week session

**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**
$300 per 9 week session

**Drop in Rates**
$15 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.

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## 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:_____

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**Pay at the front desk or online [https://tennismemphis.clubautomation.com](https://tennismemphis.clubautomation.com).**

**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 _____


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