



# HAVE A BALL THIS SPRING!

## YOUTH TENNIS CLINICS REGISTRATION HAS STARTED Get Your Racket and Sign Up Now! LESSONS HELD IN THE CARDER TENNIS FACILITY @ YMCA

Local Teaching instructor Rudy Kinard will be leading the clinics. Rudy has an extensive background in teaching tennis for over 30 years to all age groups. He taught tennis in Atlanta, Ga. at several country clubs and served as tennis director at the St. Marlo Country Club for four years. He has been giving private lessons in the Red Oak area the past 20 years.

#### **Clinic Session Dates**

Clinics last 6 weeks and will be held the weeks of February 26<sup>th</sup> - April 2nd. **If interested in Private Lessons, please contact Rudy at 712–370–0224.** 

#### **Youth Clinics Being Offered**

Age 5-8 Thursday 4:30 - 5:00 p.m.

5 - 8 year old pricing: Member - \$18 Non-Member - \$40

Age 9-10 Tuesday 4:00 - 5:00 p.m. Age 11-13 Tuesday 5:00 - 6:00 p.m.

9 - 13 year pricing Member - \$35 Non-Member - \$75

Age 14-18 Monday (Advanced) 5:00 - 6:30 p.m.

Thursday (Intermediate) 5:00 - 6:30 p.m.

14 - 18 year pricing: Member - \$50 Non-Member - \$105



- Registration Deadline Saturday, February 24th.
- Form on Back or register online @ www.MCYMCA.com/OnlineRegistration (we must have your information, including email address, on file for online registrations)
- Must have 3 participants register for clinic to take place.





### <u>FEBRUARY - APRIL 2018 YOUTH GROUP TENNIS CLINIC REGISTRATION</u> Registration Deadline: Saturday, February 24, 2018

NAME:			HOME #:	BIRTH DATE://	
EMAIL:	:		CELL #:	CELL #:	
ADDRESS:			CITY, ST.,ZIP:		
Circle (	Clinic Age Group: 5-8 yea	ar old 9-10 year old	11-13 year old		
	14-18 year old	(MONDAY - ADVANCED	) 14-18 year old (THI	JRSDAY - ADVANCED)	
Cost:	5 - 8 year old pricing	Member - \$18.00	Non-Member - \$40.00		
	9 - 13 year old pricing	Member - \$35.00	Non-Member - \$75.00		
	14 - 18 year pricing:	Member - \$50.00	Non-Member - \$105.00		
	omery County Family Y ext session for FREE!	MCA Members that pu	rchase one session of grou	p tennis lessons will receive	
	DERSIGNED,			reason of participation in the following	
The pote tivity.	ential risk of participation inclu	des risk of injury from contac	t with other participants and contac	t with or use of equipment used in the ac-	
	ersigned affirms that by signing ny time to stop participation.	g this consent the person unc	derstands that participation in the ac	tivity is voluntary and that the person is	
By this c	onsent and with participation	in the activity, the undersigne	ed voluntarily accepts the risk of inju	ry by reason of participation in the activity	
THE UNI	•	ving contact information to ol	otain consent to treat the undersign	ed in the event of injury or illness during	
Name		Address	Telephone No.		
	· ·	_	ned gives consent for supervisory st censed professional caregiver as the	aff to provide necessary and reasonable case may be.	
Parent/Guardian or Participant's Signature			Print Name	 Date	