



# HAVE A BALL BEFORE THE SNOW FALLS

## 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 October 22nd – November 26th. (No Thursday Lessons on Thanksgiving Day.) If interested in Private Lessons, please contact Rudy at 712–370–0224.

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

Age 5-6 Thursday 4:00 - 4:30 p.m. Age 7-8 Thursday 4:30 - 5:00 p.m.

5 - 8 year old pricing: Member - \$15 Non-Member - \$35

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.

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



- Registration Deadline Saturday, October 20th. 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.

#### MONTGOMERY COUNTY FAMILY YMCA





### OCTOBER—NOVEMBER 2018 YOUTH GROUP TENNIS CLINIC REGISTRATION Registration Deadline: Saturday, October 20, 2018

NAME:	:		HOME #:	BIRTH DATE:/_	_/
EMAIL:			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	
Cost:	5 - 8 year old pricing	Member - \$15.00	Non-Member - \$35.00		
	9 - 13 year old pricing	Member - \$35.00	Non-Member - \$75.00		
	14 - 18 year pricing:	Member - \$50.00	Non-Member - \$105.0	0	
	omery County Family Y next session for FREE!	MCA Members that pu	rchase one session of	group tennis lessons will recei	ve
	DERSIGNED,			ury by reason of participation in the follo	wing
The pote	ential risk of participation inclu	ides risk of injury from contac	t with other participants and	contact with or use of equipment used in	the ac-
	ersigned affirms that by signing any time to stop participation.	g this consent the person unc	derstands that participation in	the activity is voluntary and that the per	son is
By this o	consent and with participation	in the activity, the undersigne	ed voluntarily accepts the risk	of injury by reason of participation in the	activity
THE UNI	•	ving contact information to ob	otain consent to treat the und	ersigned in the event of injury or illness d	luring
Name		Address	Telepho	ne No.	-
	ontact person named above can ncy medical care and treatment	_	-	ory staff to provide necessary and reaso as the case may be.	nable
Parent/(	Guardian or Participant's Signat	ture	Print Name	Date	_