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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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REGISTRATION NOW
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WINTER SESSIONS I & II – SINGLES TENNIS LEAGUE STARTING
Get Out Your Racquet and Sign Up Now!
LEAGUE PLAY IN THE YMCA'S CARDER TENNIS CENTER

Just because it's cold (and snowy?) outside is no reason to put your racquet in hibernation. Join us for league action during the upcoming 8 week seasons taking place in the in the Carder Tennis Center.

Leagues last 8 weeks – Session Dates

Winter Session I – Starts Tuesday, January 15 and runs through March 5, 2019.

Winter Session II – Starts Tuesday, March 12 and runs through April 30, 2019.

Tuesday Evening Singles play at 6:00 p.m.

League Fees

- **PER SESSION FEES**
 - \$40 – YMCA Members
 - \$20 – YMCA Expanded Members
 - \$55 – Non-members
 - \$30 – College & High School students
- **IF REGISTERING FOR BOTH SESSIONS**
 - \$70 – YMCA Members
 - \$35 – YMCA Expanded Members
 - \$95 – Non-members
 - \$50 – College & High School students

Register

Online @ www.MCYMCA.com/OnlineRegistration

–OR– Return Form on Back to the YMCA

Registration Deadlines

Session I – Friday, January 11, 2019

Session II – Friday, March 8, 2019

MONTGOMERY COUNTY FAMILY YMCA

101 E. Cherry St, Red Oak, IA 51566

P 712-623-2161 F 712-623-4920 www.mcyymca.com





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SINGLES TENNIS LEAGUE REGISTRATION

Return this form or register online @ www.MCYMCA.com/OnlineRegistration

Registration Deadline: Session I — Friday, January 11, 2019

Session II - Friday, March 8, 2019

NAME: _____ CONTACT #: _____ ALTERNATE #: _____

ADDRESS: _____ CITY, ST., ZIP: _____ BIRTH DATE: ____/____/____

EMAIL: _____

League Fees

PER SESSION FEES

IF REGISTERING FOR BOTH SESSIONS

YMCA Member	\$40.00	\$70.00
YMCA Expanded Member	\$20.00	\$35.00
Non-member	\$55.00	\$95.00
College & High School student	\$30.00	\$50.00

THE UNDERSIGNED, _____, with understanding of the potential risks of injury by reason of participation in the following activity: **YMCA Tennis Leagues** does hereby consent to participate in the activity.

The potential risk of participation includes risk of injury from contact with other participants and contact with or use of equipment used in the activity.

The undersigned affirms that by signing this consent the person understands that participation in the activity is voluntary and that the person is free at any time to stop participation.

By this consent and with participation in the activity, the undersigned voluntarily accepts the risk of injury by reason of participation in the activity.

THE UNDERSIGNED provides the following contact information to obtain consent to treat the undersigned in the event of injury or illness during participation:

Name	Address	Telephone No.
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If the contact person named above cannot be reached, the undersigned gives consent for supervisory staff to provide necessary and reasonable emergency medical care and treatment and further treatment by a licensed professional caregiver as the case may be.

Participant's Signature

Print Name

Date

Sponsors: Houghton State Bank, Parker Hannifin, Red Oak Chrysler & State Farm Insurance