



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GAME SET MATCH

Spring Tennis Clinic

Starts February 17

In collaboration with Concho Valley Tennis the Y has the goal of teaching a lifelong sport to the San Angelo community. Learn the proper techniques essential for growth in tennis. AGE IS NOT A FACTOR.

Registration Dates:

January 1 - March 2

Program Fees: \$55 Quickstart / \$65 Intermediate / \$65 Adult

Program Information:

Ages 7+

Quickstart (10 years and under): Mondays from 5:30 - 6:30pm

Intermediate (11 - 18 years): Tuesdays from 5:30 - 7:00pm

Adult (18+ years): Wednesdays from 5:30 - 7:00 pm

All classes will meet at:

Concho Valley Tennis Center

1851 Knickerbocker Rd.

San Angelo, TX 76904

Participants are encouraged to bring their own racquet!

Financial Assistance is available. Submit your application and receive a response 7 - 10 business days later.

FMI regarding this program and more:

YMCA Youth Sports Department (325) 655-9106

Youth Sports Director, Stacy Duffell

Assistant, Brittney Smith

Assistant, Quinn Barfield

www.ymcasanangelo.org



Tennis Program Registration

Name: _____ D.O.B. _____

Address: _____ Zip: _____ Age _____

Primary Contact Name: _____

Primary's E-mail Address: _____

(If no email, please put the participants firstname.lastname@saymca.com)

Cell Phone: _____ Cell Phone Carrier: _____

Alternate Contact Name: _____

Alternate Contact Cell: _____ Relation: _____

Division: _____ Quickstart _____ Intermediate _____ Adult

YMCA Mission: The San Angelo YMCA will serve the people in the community of all faiths and ages with emphasis on families and youth, to permit them to achieve their God-given potential in spirit, mind, and body through its programs, staff, facilities, and the community.

WAIVER: I hereby, for myself and my agents, waive and release any and all rights and claims which I may have, or which may accrue against the YMCA of San Angelo and its respective officers, agents, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in this activity. I hereby acknowledge that this program provides no insurance coverage and my own insurance will be used in case of an accident. By signing below, I am giving my permission for my child's picture to be taken and used for promotional purposes of the YMCA Sports Department.

PHOTO RELEASE: Additionally, in consideration for being allowed to participate in YMCA membership and programs, I understand that images, video and film footage is often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by YMCA of San Angelo hereby give my permission and consent, now and for all time, to YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

REFUNDS: Full refunds will be issued only upon cancellation of the program. Should a refund be requested prior to the first day of the clinic, a \$5.00 fee will be assessed.

Parent's Signature: _____ Date: _____

Parent's Name Printed: _____

Forms may be mailed to:
YMCA
353 S. Randolph
San Angelo, TX 76903