



# GAME SET MATCH

## Monthly Tennis Academy

In Collaboration with Concho Valley Tennis Association, the Y aims to teach the lifelong sport of tennis to the San Angelo community. Learn the proper techniques essential for growth in tennis.

### PROGRAM INFORMATION:

#### Quick-start (7 - 10-year-old)

Held weekly on Thursday  
Time: 6:00 PM - 7:00 PM

#### Sessions:

February 3rd, 2022 - February 24th, 2022  
March 3rd, 2022 - March 24th, 2022  
April 7th, 2022 - April 28th, 2022

#### Fees:

\$40 for Members  
\$55 for Non-Members

#### Intermediate (11 - 16-year-old)

Held weekly on Monday  
Time: 6:00 PM - 7:30 PM

#### Sessions:

February 7th, 2022 - February 28th, 2022  
March 8th, 2022 - March 24th, 2022  
April 4th, 2022 - April 25th, 2022

#### Fees:

\$50 for Members  
\$65 for Non-Members

#### Instructor: Jared Ubantke, USPTA Pro

with help from the ASU women's Tennis Team

**Financial Assistance Available.  
Submit your application to the  
Welcome Center. Please allow 7 -10  
business days for a response.**



**Register  
NOW!  
Spots are limited**

All classes will meet at: Concho Valley Tennis Center or ASU Varsity Courts  
**1851 Knickerbocker Rd. San Angelo, TX 76904**

**\*\*Participants are encouraged to bring their own racquet.\*\***

For more information: (325) 655 9106

sduffell@ymcasanangelo.org

www.ymcasanangelo.org

# Tennis Lessons 2022 Registration Form

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M or F School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

**\*\*Communication sent through email to the primary contact, please write legibly.**

Emergency Contact Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Thursday  
**Quickstart (7 - 10 year old)** \_\_\_\_\_

Monday  
**Intermediate (11 - 16 year old)** \_\_\_\_\_

**Circle the month you are registering for: February March April**

YMCA MISSION: The mission of the San Angelo YMCA is to serve the people on the community of all faiths and ages, with emphasis on families and youth, to permit them to achieve their God-given potential in mind, body, and spirit, 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 may accrue against the YMCA of San Angelo, and its respective officers, agent, sponsors, or any employees for any injury which may be suffered in connection with my child's participation in the program. I hereby acknowledge that the program provides no insurance coverage and my own insurance will be used in the case of an accident. By signing below, I am also giving permission for my child's picture or likeness to be used for promotional purposes of the YMCA Sports Department.**

PHOTO RELEASE: Additionally, in consideration of being allowed to participate in YMCA membership and programs, I understand that images, video, and film footage are often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by the YMCA of San Angelo hereby give my permission and consent, now and for all time, to the 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, soundtrack 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 meeting. a \$10.00 fee will be assessed.

**Parent's Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name Printed:** \_\_\_\_\_