

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Take Your Swing To The Next Level Junior Tennis League

All players 18 and under are encouraged to join or form a team to compete against other teams in the Concho Valley. Novice, Intermediate and Advanced divisions are available in 8U, 10U, 12U, and 18U. Basic knowledge is required regarding rules and scorekeeping. 3 Team Match Guarentee with each team filing 4 singles and 2 doubles lines. No individual skill instruction is provided during this program.

Registration Dates: Sept 10th until Oct 5th

FEES:

Estimated cost: \$25.00 ***Payment to USTA once teams have been formed***

Program Information:

The season runs from Oct 9-Nov 6, 2022 Games are played on Sundays between 1:00p-6:00p. Times set based on number of teams in each division. Players 11&Up a World Tennis Number is needed worldtennisnumber.com

Age Cutoff date for divisions is Nov 30, 2022

FMI regarding this program contact: YMCA Sports Department (325) 655 – 9106 Stacy Duffell sduffell@ymcasanangelo.org



World Tennis Number Classifications

Divison	WTN Rating Bands	The Average player is:
10 & Under Green Ball	N/A	A confident and regular at Green Ball player
12 & Under Green Ball	40 - 30	Novice level competitor
12 & Under Beginner Yellow Ball	40 - 30	Novice level competitor
12 & Under Intermediate 1	30 - 20	Intermediate level competitor
12 & Under Advanced	20 - 10	Advanced level player
12 & Under Advanced 2	10 - 3	Strong advanced player; nationally ranked
14 & Under Beginner	40 - 30	Novice level competitor
14 & Under Intermediate	30 - 20	Intermediate level competitor
14 & Under Advanced	20 - 10	Advanced level player
14 & Under Advanced 2	10 - 3	Strong advanced player; nationally ranked
18 & Under Beginner	40 - 30	Novice level competitor
18 & Under Intermediate	30 - 20	Intermediate level competitor
18 & Under Advanced	20 - 10	Advanced level player
18 & Under Advanced 2	10 - 3	Strong advanced player; nationally ranked

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:						
***Comm	unication done thro	ough email to the primary co	ontact, please write legib	ly. ***		
Emergency Contact Name:		Cell Phone Number:				
Tennis League Informati	on:					
Category: 8U DOB Cutoff Date Nov. 30		12U 1	8U			
Experience Level: No	ovice	Intermediate	Advanced			
Are you part of a team?	Yes No	lf Yes, coa	ches name?			
World Tennis Number fo	nis Number for Player? Singles Doubles (worldtennisnumber.com)					

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 \$5.00 fee will be assessed.

Parent's Signature : _____

Date: _____

Parent's Name Printed: _____