

# Youth Tennis Clinics 2018



**Fee: \$35/\$30 (RD) per clinic**

**DIVISION** (check level, age & session dates)

**\_\_\_\_\_ Youth Progression (ages 5-10)**

This clinic is for beginners only. Participants will learn basic skills of the game, including forehand, backhand and serve.

5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_

**Session Dates**

\_\_\_\_\_ **June 12-21** \_\_\_\_\_ **July 10-19** \_\_\_\_\_ **July 31-Aug 9**  
Days: Tuesday & Thursday 6:00pm -7:00pm

**\_\_\_\_\_ Youth Intermediate (ages 10+)**

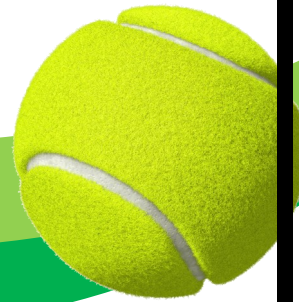
This clinic is for beginners and intermediate players looking to improve their tennis skills. Instruction will be offered on the forehand, backhand, serve and volley.

\_\_\_\_\_ 10-12 \_\_\_\_\_ 13-14 \_\_\_\_\_ 15-16 \_\_\_\_\_ 17-18 \_\_\_\_\_

**Session Dates**

\_\_\_\_\_ **June 12-21** \_\_\_\_\_ **July 10-19** \_\_\_\_\_ **July 31-Aug 9**

Days: Tuesday & Thursday 7:00pm -8:00pm



Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

I am the parent / Legal guardian of the above named minor. I hereby waive, release, and forever discharge all claims against the City of Branson, its employees, volunteers, commissioners or agents for damages and / or injuries which may arise from participation in the above named athletic program. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the above named athletic program.

For office use: Total Paid \_\_\_\_\_ cash/check/charge date \_\_\_\_\_ staff initials \_\_\_\_\_