



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ADULTS—DON'T FALL BEHIND ON YOUR PLAYING

ADULT TENNIS CLINICS REGISTRATION HAS STARTED
Pick Up Your Racket and Sign Up Now!
LESSONS HELD IN THE CARDER TENNIS FACILITY @ YMCA

Local Teaching instructor Rudy Kinard will be leading the clinics. Rudy has an extensive background in teaching tennis for over 30 years to all age groups. He taught tennis in Atlanta, Ga. at several country clubs and served as tennis director at the St. Marlo Country Club for four years. He has been giving private lessons in the Red Oak area the past 20 years.

Clinic Session Dates

Clinics last 6 weeks and will start September 7th and run through October 12th.

Adult Clinics Being Offered (ages 19-100 welcomed)

Thursday Morning 9:00 - 10:00 a.m.

Thursday Evening 6:00 - 7:00 p.m.

Clinic Fees

YMCA Member - \$40.00 Non-Member - \$85.00

- **Registration Deadline - Saturday, September 2nd**
- Must have 2 participants register for clinic to take place
- Registration Form on Back.
- Limit of 6 participants per clinic session.



MONTGOMERY COUNTY FAMILY YMCA

101 E. Cherry St, Red Oak, IA 51566

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



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ADULT GROUP TENNIS CLINIC REGISTRATION — Registration Deadline: Saturday, September 2, 2017

NAME: _____ HOME #: _____ BIRTH DATE: ___/___/___

ADDRESS: _____ CITY, ST., ZIP: _____ EMAIL: _____

Circle Clinic: Thursday morning (9:00 - 10:00 am) Thursday evening (6:00 - 7:00 pm)

Cost: YMCA Member - \$40.00 Potential Member - \$85.00

Y-Members that purchase one session of group tennis lessons will receive their next session for FREE!

THE UNDERSIGNED, _____, with understanding of the potential risks of injury by reason of participation in the following activity: **YMCA Adult Group Tennis Clinic** 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.

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