

ADULTS – SWING INTO A NEW TENNIS YEAR

**ADULT TENNIS CLINICS REGISTRATION HAS STARTED
Pick Up Your Racquet 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 for over 20 years.

Clinic Session Dates

Clinics last 6 weeks and meet on Thursday from January 10th – February 28th, 2019. **NO LESSONS ON JANUARY 17TH & February 21st.**

Adult Clinics Being Offered

Thursday Mornings 9:00 – 10:00 a.m.

Thursday Evenings 6:00 – 7:00 p.m.

Clinic Fees

YMCA Member – \$45 Non-Member – \$95

- **Registration Deadline – Saturday, January 5th.**
- Must have 2 participants register for clinic to take place
- Registration Form on Back, or register online @ www.mcyymca.com/OnlineRegistration
- Limit of 6 participants per clinic session.





**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

JANUARY—FEBRUARY 2019 ADULT GROUP TENNIS CLINIC REGISTRATION

**Or register ONLINE @ www.MCYMCA.com/OnlineRegistration
Registration Deadline: Saturday, January 5, 2019**

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

EMAIL: _____ CELL #: _____

ADDRESS: _____ CITY, ST.,ZIP: _____

Cost: YMCA Member - \$45.00 Potential Member - \$95.00

Montgomery County Family YMCA 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 (Spouse/Next of Kin)	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