



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**ONLINE  
REGISTRATION NOW  
AVAILABLE!**

Visit [www.MCYMCA.com/OnlineRegistration](http://www.MCYMCA.com/OnlineRegistration) for more info

# START THE NEW YEAR WITH A "RACQUET"!

**YOUTH TENNIS CLINICS REGISTRATION HAS STARTED**

**Get 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.

If interested in Private Lessons, please contact Rudy at 712-370-0224.

## Clinic Session Dates

Clinics last 6 weeks and will be held the weeks of January 8<sup>th</sup> - February 12<sup>th</sup>.

## Youth Clinics Being Offered

Age 5-8 Thursday 4:30 - 5:00 p.m.  
5 - 8 year old pricing: Member - \$18 Non-Member - \$40

Age 9-10 Tuesday 4:00 - 5:00 p.m.  
Age 11-13 Tuesday 5:00 - 6:00 p.m.  
9 - 13 year pricing: Member - \$35 Non-Member - \$75

Age 14-18 Monday 5:00 - 6:30 p.m.  
(Middle School Players by invite)  
14 - 18 year pricing: Member - \$5 Non-Member - \$105



- **Registration Deadline - Saturday, January 6th.**  
**Form on Back or register online @ [www.MCYMCA.com/OnlineRegistration](http://www.MCYMCA.com/OnlineRegistration)**  
*(we must have your information, including email address, on file for online registrations)*
- Must have 3 participants register for clinic to take place.

**MONTGOMERY COUNTY FAMILY YMCA**

101 E. Cherry St, Red Oak, IA 51566

P 712-623-2161 F 712-623-4920 [www.mcyymca.com](http://www.mcyymca.com)



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**JANUARY-FEBRUARY 2018 YOUTH GROUP TENNIS CLINIC REGISTRATION**

Or register ONLINE @ [www.MCYMCA.com/OnlineRegistration](http://www.MCYMCA.com/OnlineRegistration)

Registration Deadline: Saturday, January 6, 2018

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_ BIRTH DATE: \_\_\_/\_\_\_/\_\_\_

EMAIL: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST.,ZIP: \_\_\_\_\_

**Circle Clinic Age Group:** 5-8 year old    9-10 year old    11-13 year old    14-18 year old

**Cost:** 5 - 8 year old pricing    Member - \$18.00    Non-Member - \$40.00

9 - 13 year old pricing    Member - \$35.00    Non-Member - \$75.00

14 - 18 year pricing:    Member - \$50.00    Non-Member - \$105.00

**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 Youth Group Tennis Clinics** 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.
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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.

Parent/Guardian or Participant's Signature	Print Name	Date
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