LEARN, RALLY, PLAY

Summer Tennis Program
THOUSAND OAKS FAMILY YMCA

Strengthen your tennis skills during the summer!
All skill levels and ages 5 – 18yrs are welcomed.

Monday – Friday

Half Day: 11am – 3pm | **Full Day:** 8am – 5pm
Includes a time to swim and cool off in the pool.

Levels

Silver Stars: Ages 5 – 10; Beginners
Gold Stars: Ages 10+; Beginners & Low Intermediate
Tournament Challenger: All ages for the JV High School, Grand Prix, and Challenger Tournament Player
Tournament Tough: All ages for High School Varsity, Championship, and Super Championship Players

Pricing (per session)

	Member	Non–Member
Half Day	$200	$220
Full Day	$300	$320

10% discount for second child
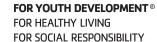10% discount for pre-pay for the month (4 sessions) in same month

Sign up at the Welcome Center today!

THOUSAND OAKS FAMILY YMCA
16103 Henderson Pass • 210-494-5292 • ymcasatx.org

YMCA Mission: To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

Sessions

1	June 3 – 7
2	June 10 – 14
3	June 17 – 21
4	June 24 – 28
5	July 8 – 12
6	July 15 – 19
7	July 22 – 26
8	July 29 – Aug 2
9	Aug 5 – 9

Summer Tennis Program
THOUSAND OAKS FAMILY YMCA
Registration Form

Participant Name: _____ Age: _____ Gender: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Email: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____

Current Level (circle one)	Session(s) (circle)		Level Desired (circle one)	Half Day Pricing Per Session	Full Day Pricing Per Session
Beginner Intermediate Advanced	1 2 3 4 5 6 7 8	June 3 – 7 June 10 – 14 June 17 – 21 June 24 – 28 July 8 – 12 July 15 – 19 July 22 – 26 July 20 – Aug 2	Silver Stars Gold Stars Tournament Challenger Tournament Tough	$200 Member $300 Non-Member	$220 Member $320 Non-Member

Total: $ _____

10% discount for second child
10% discount for pre-pay for the month (4 sessions) in same month

Method of payment (CC or check) _____ Amount Paid: _____

Liability & Medical Release: I hereby release **THOUSAND OAKS FAMILY YMCA** and its employees/staff of all responsibility in the event of accident or injury. I also consent to medical or hospital services that may be rendered at designated hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician.

Medical issues/allergies we should know about: _____

Parent/Guardian Signature: _____ Date: _____