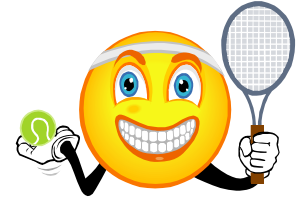


Tennis at the YMCA



The Pocono Family YMCA has partnered with the GV Tennis to provide a tennis program for the YMCA. GV Tennis' founder and director Guillermo Varela, was a former ATP professional player and has coached many former professional tennis players and junior tennis players from Argentina. He has coached in Argentina and the United States for over 20 years. Varela is a PTR Certified Tennis coach. All clinics will be held in the Pocono Family YMCA Gymnasium. The YMCA will be offering several Quick Start Tennis format classes for youth as well as Team Tournament Tennis play, and Adult Cardio Tennis. For more specifics on these classes check the website at www.poconoyymca.org. For more information or to register please contact the YMCA at 570-421-2525. If you would like to contact the tennis director for any specific question regarding the classes please email at gvtennis@gvtennisacademy.com.



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Participant: _____ Phone: _____

Address: _____

City/State/Zip: _____ Birth Date: _____

Parents Names(s): _____ Email: _____

- Classes:** _____ Ages 5-7 Mondays 6:15pm-7pm - Beginner to Adv. Beginners
 _____ Ages 8-10 Mondays 7pm-7:45pm – Beginners to Adv. Beginners
 _____ Ages 8-14 Team Tournament Tennis Thursdays 6:30-7:30pm – Inter. to Advanced
 _____ Adult Cardio Tennis – Thursdays 7:30pm-8:30pm – Intermediate to Advanced

Session Fees & Dates:

4 weeks: Members \$50 Non-Members \$65 3weeks: Members \$38 Non-Members \$49

Mondays:

Sept 12, 19, 26, Oct 3rd
 Oct 10, 17, 24, 31
 Nov 7, 14, 21, 28
 Dec 5, 12, 19 (3 week session)

Thursdays:

Sept 8, 15, 22, 29
 Oct 6, 13, 20, 27
 Nov 3, 10, 17(3 week session)
 Dec 1, 8, 15(3 week session)

I assume all risks and hazards incidental to the conduct of the league activities and transportation to and from activities. I hereby release, absolve, indemnify and hold harmless the Pocono Family YMCA, GV Tennis Academy, administrators, supervisors, coaches or anyone else involved. In case of injury to my child, I hereby waive all claims against the Pocono Family YMCA; coaches or anyone else involved.

Signature of Parent or Guardian: _____

<p style="text-align: center;">Refund Policy:</p> <p>1 month before start date of the program 90% cash/ 100% credit 2 weeks before start date of the program 75% cash/ 100% credit 1 week before the start date of the program 60% cash/ 80% credit After the start date of the program 50% cash/ 75% credit</p>	<p style="text-align: center;"><i>For Office Use:</i></p> <p>Registration Fee: Ck: _____ Cash: _____ CC: _____ Registrar Initials: _____ Date _____ Rec. #: _____</p>
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